

## **Part 1 – The Schedule**

### **Section C**

#### **Description/Specifications/Performance Work Statement**

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## C.1 Purpose, Objectives, and Outcomes

- (a) **Purpose:** The purpose of this Contract is to provide an Occupational Medical (OccMed) Services Program of superior quality in support of on-going activities at the Hanford Site. The Contractor has the responsibility for total performance under this requirement, including determining the specific methods for accomplishing the work effort, performing quality control, and assuming accountability for accomplishing the work under the Contract.
- (i) The Contractor shall maintain a “readiness to serve” capability sufficient to support the following activities for a workforce greater than 9,000. The workforce includes:
- U.S. Department of Energy (DOE) Richland Operations workers;
  - DOE Office of River Protection workers;
  - Site Contractors and their subcontractors’ workers; and
  - Others as designated from time-to-time in writing by the Contracting Officer (CO) or designee.
- (ii) The workforce does not include the Hanford Tank Waste Treatment and Immobilization Plant (WTP) Contractor (with the exception of Section C entitled, *Beryllium Voluntary Medical Surveillance Program*), DOE Pacific Northwest Site Office (PNSO), or Pacific Northwest National Laboratory with the exception as noted elsewhere in the Performance Work Statement (PWS) and/or when directly supporting the aforementioned Site Contractors.
- (iii) The Contractor shall provide services at a main clinic located in Richland, WA and at the onsite facility in the Hanford 200 West Area.
- (b) **Objectives:** In support of the outcomes cited below, the following Contract objectives are established:
- Provide timely, appropriate and cost-effective tests and examinations, as required, in support of the Hanford Site mission (including outsourced/subcontracted ancillary testing and laboratory work);
  - Provide timely occupational health related evaluation and provide first aid service and emergency stabilization;
  - Provide a medical monitoring program for prior exposures and current potential exposures from chemical substances and/or physical agents, with a commensurate action/response program that will be protective of human health and the future well-being of Hanford Site workers;
  - Enhance worker health and wellness;
  - Provide occupational medical service staff, processes and systems that are consistent with an efficient and effective operation;
  - Provide appropriate medical support for emergency preparedness (EP) planning, drills, and response to actual emergencies;
  - Conduct epidemiological data gathering and health analyses in support of a long-range role of the Contractor in ensuring the protection of employee health and a reduction of agency liability;

- Conduct efforts to reduce the incidence of work-related illnesses and injuries; and
  - Develop and implement innovative approaches and adopt practices that foster continuous improvement in rendering of occupational medical services at the Hanford Site.
- (c) **Outcomes:** The outcomes desired from this occupational medical services requirement are as follows:
- A Hanford Site workforce that is physically and psychologically able to accomplish the duties assigned;
  - Minimization of Hanford Site workforce time away from duty due to injury or illness, taking into consideration the circumstances/characteristics of the individual illness or injury;
  - A Hanford Site OccMed Services Program that is of the highest quality, cost-effective, and of good value; and
  - A Hanford Site occupational medical Contractor organization that is seen as best in class, an advocate for workers' health and well-being, is highly familiar with the Site working environment and any potential for impacts to worker health and well-being, and is customer service oriented.

## **C.2 Description of Program Performance Requirements**

- (a) Work under the Contract is divided into three types of contract scope: 1) Firm-Fixed-Price (FFP), 2) Cost Reimbursement (CR) and 3) Indefinite Delivery/Indefinite Quantity (IDIQ). The scope for each type is described below.
- (b) Under the FFP portions of the Contract, the Contractor shall furnish all personnel, materials, supplies, and services (except as expressly set forth in this contract as furnished by the Government) and otherwise do all things necessary for, or incident to, the performance of work described in Section C entitled, *Firm-Fixed-Price Occupational Medical Services*, including a "readiness to serve" level of staffing. Unless specifically identified as CR or IDIQ, all work performed under this Contract shall be FFP.

## **C.3 Hanford Occupational Medical Program**

### **C.3.1 Firm-Fixed-Price Contract Transition**

- (a) The overriding objectives of transition are to complete a safe, effective, and efficient transfer of responsibility for execution of the PWS, resulting in the Contractor assuming full responsibility for the Contract and workforce with no disruption to ongoing operations. The main goal of the transition process is to ensure that terms and conditions of the Contract are fully understood by the Contractor prior to assumption of full responsibility for execution of the Contract.
- (b) The Contractor shall perform the following activities for transition at initial Contract startup:
- Transition the workforce needed to execute the mission of the Contract. This includes but is not limited to:
    - Transition of the incumbent workforce in accordance with the requirements of the Contractor Human Resource Management clauses in Section H, as applicable;
    - Employment of additional staff determined to be necessary; and

- Placement of subcontracts determined to be necessary. This includes assumption of existing subcontracts identified by the preceding Contractor or as directed by the CO.
  - Conduct a due diligence review of existing conditions. This includes:
    - Review of material differences and current conditions identified by DOE; and
    - Review of Government-Furnished Property (GFP) and equipment to be assigned to the Contractor.
  - Establish the programmatic and management system elements needed to support execution of the PWS under the terms and conditions of the Contract, including:
    - Review and assumption of existing project, program and management system documents;
    - Generation of needed replacement project, program and management system documents determined by the Contractor to be needed prior to assumption of responsibility for execution of the Contract; and
    - Establish operations under existing or new programmatic and management systems.
  - Support DOE activities needed to determine Contractor readiness to assume responsibility for execution of the Contract under the terms and conditions of the Contract. Provide recommendations, guidance, and/or support to Other Hanford Contractors (OHC) and DOE Subject Matter Experts (SME) to enhance worker health and wellness.
- (c) The desired outcome is a smooth transition of full responsibility for execution of the Contract that avoids disruptions that could affect the accomplishment of the Hanford Site mission.

#### **C.3.1.1 Transition**

- (a) Unless otherwise specified, the transition period for initial Contract startup will be 90<sup>1</sup> days from written Notice to Proceed (NTP) to the Contractor assuming full authority and responsibility for execution of the Contract.
- (b) During the transition period, the Contractor shall:
- Participate in a Post-Award Orientation session convened by the CO to discuss important contract terms and conditions and the overall approach in contract administration.
  - Submit a Transition Plan within 15 days of receipt of written NTP that fulfills the requirements presented in the section entitled, Transition Plan, immediately following this section.
  - In coordination with DOE, establish and conduct informational and transition progress reporting sessions with stakeholders (may include, but is not limited to, community organizations, partners or individuals, or other members of the public). Communicate community commitments via website and through appropriate informational sessions and communication venues.
  - In coordination with DOE and the incumbent Contractor, establish the mechanisms to communicate introductory information and transition progress reports to the current workforce.
  - The Contractor shall develop and provide training for 100 percent of their workforce on the PWS and the Contractor's proposed technical and management approach for execution of the

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<sup>1</sup> Unless otherwise specified, the number of days listed in the PWS shall be calendar days.



work scope within six months of the NTP. The Contractor shall provide DOE a schedule for completion of the training within 60 days of the NTP.

- Coordinate and cooperate with other Contractors during Transition.
- Perform a due diligence review to:
  - Evaluate material differences and pre-existing conditions provided by DOE at the start of Transition.
  - Evaluate the listing and assessment of property and equipment condition provided by DOE at the start of Transition. Conduct a joint reconciliation of this list with the incumbent Contractor and submit to DOE.
  - Review policies, procedures, plans, records, technical documents, permits, safety analyses, and other documents or forms of information to ensure that they are complete, accurate, and current. Identify where the Contract does not reflect the most current status of these documents or forms of information.
  - Identify additional material differences and pre-existing conditions associated with GFP and equipment to be assigned to the Contractor and current conditions of the elements in the PWS established in the Request for Proposal.
- Prior to the end of Transition, provide the CO with a listing of material differences and pre-existing conditions. After receipt and evaluation of the Contractor Material Difference submission, DOE will negotiate the final list of Material Differences and Pre-Existing Conditions with the Contractor that may represent a change to the Contract. The CO will provide direction to address these potential changes and establish timeframes for completion of applicable actions.
- Support an initial safeguards and security (SAS) survey conducted by DOE. The Contractor shall ensure that adequate programs are in place prior to the end of Transition to receive a Satisfactory rating, in accordance with DOE Order (O) Contractor Requirements Document (CRD) 470.4B, Change 2 entitled, *Safeguards and Security Program*.
- Support DOE in-process verification of Contract Transition.
- Provide DOE with weekly written Transition status reports.
- Establish routine status meetings with DOE and affected Contractors to review Transition activity progress and issues.
- Submit a declaration to DOE, prior to the end of Transition, indicating readiness to assume responsibility for execution of the Contract.
- Support DOE in conducting activities required for DOE to determine that, prior to the end of Transition, the Contractor is ready to assume full responsibility for execution of the Contract.

#### **C.3.1.2 Transition Plan**

- (a) The Transition Plan provides a description of necessary Transition activities, identifies involved organizations, identifies Contractor personnel along with roles and responsibilities of who will be managing Transition activities, and includes an integrated, critical-path Transition schedule that reflects activities by the incumbent, OHC, and DOE personnel, as appropriate. The objectives of the

Plan are to minimize the impacts affecting continuity of operations, identify key issues, and overcome barriers to Transition. Successful completion of the Transition activities will enable the Contractor to assume full responsibility for execution of the Contract no later than 90 days after NTP.

(b) The Plan shall:

- Describe the approach to transition of services and other work identified in the Contract, including the process, rationale, planned activities, and milestones necessary for conducting safe, orderly Contract Transition; minimize impacts on continuity of operations; identify key issues and associated resolutions that may arise during Transition; and provide a plan for interactions with DOE, OHCs, the workforce, regulators, and stakeholders.
- Identify agreements, letter approvals, determinations of cost allowability, or understandings, the Contractor plans to rely upon and apply to work performed under this Contract or in the accounting for costs incurred. DOE agreements with predecessor Contractors, contract guidance, direction, or interpretation on other contracts shall not apply to this Contract unless they have been identified and approved in advance by the CO. CO approved agreements shall be incorporated into Section J Attachment, *Advance Understanding of Costs*.
- Include a description of the activities necessary for the Contractor to assume full responsibility for the Contract no later than 90 days after NTP.
- Address other activities and deliverables specified in the Contract that require DOE approval prior to completion of Transition.

### **C.3.2 Firm-Fixed-Price Occupational Medical Services**

The Contractor shall provide a comprehensive and integrated occupational medical program to meet the outcomes and objectives in Section C entitled, *Purpose, Objectives, and Outcomes*. The Contractor shall maintain a “readiness to serve” capability. Minimum essential staffing levels for health care providers are identified in the Section, J Attachment entitled, *Minimum Essential Staffing Levels*. This list represents staffing required to perform essential duties and may not reflect adequate staff necessary to perform the comprehensive work scope described in this section.

#### **C.3.2.1 Occupational Safety and Health Programs**

##### **C.3.2.1.1 Site Safety and Health Efforts Participation**

###### **C.3.2.1.1.1 Health Support**

The Contractor shall participate in, or lead, DOE and Hanford Safety, Health, and Environmental Sitewide committees and/or subcommittees/Site Safety Standards (Section J, Attachment J-3 entitled, *Hanford Site Services and Interface Requirements Matrix*). Participation may include such activities as chairing, organizing, coordinating, and/or providing administrative support for action tracking and resolution of items within the Contractor’s purview. The Contractor may be asked to participate in, or act in a supporting role to OHCs’ Integrated Safety Management Systems activities, as appropriate.

###### **C.3.2.1.1.2 Worker Safety and Health Program**

The Contractor shall submit, for DOE review and approval, and execute a Worker Safety and Health Program as required by 10 CFR 851 entitled, *Worker Safety and Health Program*. The Contractor shall provide updates to this program and submit to DOE for review and approval on an annual basis consistent with 10 CFR 851. The program shall be prepared in accordance with 10 CFR 851 and the Contractor shall

provide the updated documentation to DOE in accordance with the Section J Attachment entitled, *Contract Deliverables*.

#### **C.3.2.1.2 Legacy Health Issues**

The Contractor shall implement testing and monitoring programs to manage legacy health issues (e.g., chronic beryllium disease [CBD]/beryllium [Be] sensitization, asbestosis, silicosis, etc.). Specifically, with respect to Be, there are approximately 3,000 workers.

##### **C.3.2.1.2.1 Beryllium Voluntary Medical Surveillance Program**

- (a) Hanford Site Contractors are required to have an approved Chronic Beryllium Disease Prevention Program (CBDPP) plan that involves past exposure or the potential for exposure to Be. The approved CBDPP plan must comply with 10 CFR 850, *Chronic Beryllium Disease Prevention Program*.
- (b) The Contractor shall comply with the Hanford Site CBDPP plan (DOE-0342, Rev. 2A entitled, *Hanford Site Chronic Beryllium Disease Prevention Program (CBDPP)*), as specified in Attachment J-2, that complies with 10 CFR 850. The desired outcomes are minimized exposures to Be by workers, reduction of Be contaminated areas, and workers who are either sensitized or have chronic Be disease are effectively managed. In addition, the CBDPP invokes a series of implementing procedures for example; DOE-0342-002 entitled, *Hanford Site Assessment & Characterization/Verification of Buildings Procedure*.
- (c) The Contractor shall perform work in compliance with the approved Hanford Site CBDPP (DOE-0342) and meet the desired outcomes identified in the general scope.
- (d) The Contractor must provide a Be liaison that will interface with the service provider listed in the Section J, Attachment J-3, and Be Health Advocate regarding implementation of the Hanford Site CBDPP.
- (e) The Program shall be consistent with 10 CFR 850.34 entitled, *Medical Surveillance*. The Lead Physician (Be medical surveillance program) shall have knowledge of the regulatory requirements associated with the health effects of Be and expertise in the area of medical evaluations and procedures required by the regulatory requirements for Be sensitization and CBD.
  - The Lead Physician (Be medical surveillance program) will review and assess current best in class Be related clinical policies, procedures, and protocols (algorithms). The compliance of Be related clinical policies, procedures, and protocols (algorithms) shall be monitored through a peer review process.
  - On the exit medical examination, the Contractor shall offer a Be lymphocyte proliferation test for any worker separating from the Hanford Site when the examination is performed by the Contractor in accordance with 10 CFR 850.36 entitled, *Chronic Beryllium Disease Prevention Program, Medical Consent*.
  - The Contractor shall provide a Be voluntary medical surveillance program (approximately 1,000 workers) as required by 10 CFR 850 for current Hanford Site Be associated workers who voluntarily participate, including current WTP Be associated workers.

##### **C.3.2.1.2.2 Notifications**

The Contractor shall act as the Hanford Site Coordinator for submitting electronic data to the DOE Beryllium-Associated Worker Registry (BAWR) semiannually, in accordance with 10 CFR 850.39, *Recordkeeping and Use of Information*. In order to meet these requirements, various Site Contractors will submit job history and exposure measurement data for each Be associated worker to the Contractor to add

the electronic medical data portion and submit the data to the BAWR. The employer providing the employee data is responsible for the accuracy of that data. The Contractor will not edit data provided by the employer but will serve as data coordinator. This responsibility includes receiving and appropriately addressing comments received from DOE or its Contractors on data submitted to the BAWR.

**C.3.2.1.2.3      *Other Legacy Health Issues***

The Site Occupational Medical Director (SOMD) is responsible for administering the medical surveillance program and shall appoint a licensed physician as lead for Be medical surveillance and other Legacy Health Issues including asbestosis, silicosis and others.

**C.3.2.1.3      *Employee Assistance and Wellness Programs***

The Contractor shall operate employee counseling, health promotion programs, and employee assistance that promotes, maintains, and improves the physical and psychological well-being of the worker in the workplace.

**C.3.2.1.3.1      *Employee Assistance Program***

The Contractor shall provide an Employee Assistance Program (EAP) that assists workers with personal problems and/or work-related problems that may impact their job performance, health, mental and emotional well-being to optimize OHCs' and DOE's success. The EAP services will include assessments, short-term counseling, referrals for additional services to employees with personal and/or work-related concerns, such as stress, financial issues, legal issues, family problems, office conflicts, and alcohol and substance abuse, as well as follow-up services. The EAP shall work with management and supervisors in providing advanced planning for situations, such as organizational changes, legal considerations, emergency planning, and response to unique traumatic events.

**C.3.2.1.3.2      *Health and Wellness Education***

The Contractor shall provide health education for worker training and occasional lectures or seminars on health matters of general interest to Hanford personnel. These health education sessions may be presented onsite and in the community at locations, such as health fairs. Typical topics include, but are not limited to, smoking cessation, hearing protection, ergonomics, fitness and diet, skin cancer, general cancer topics, weight control, lead, asbestos, tuberculosis, overview of medical service functions, and self-breast examination. This function also includes the development and/or distribution of health related newsletters and other materials.

**C.3.2.1.3.3      *Immunization Program***

The Contractor shall provide immunizations (such as, influenza immunizations) and other injections to workers as deemed necessary by the SOMD, providing necessary information regarding immunization and performing appropriate documentation. The Contractor shall provide vaccine serum with inoculation service, staffing, and administering the base program for delivery of approximately 5,000 influenza vaccinations annually.

**C.3.2.1.3.4      *Ergonomics***

The Contractor shall provide expertise for DOE and OHCs to resolve workstation, furniture, and work task related ergonomics issues; provide ergonomic consultation and conduct musculoskeletal disorder hazard assessments; and train and assist appropriate Hanford personnel with ergonomic evaluations and recommendations to improve workstations to facilitate the prevention and/or control of cumulative trauma disorders.

**C.3.2.1.3.5      *Health Program Improvements***

The Contractor shall recommend improvements to enhance Hanford occupational and preventive health programs and review federal, state, and DOE documents and trade publications to determine applicability

and impact of any new or proposed regulations or best practices on operations, alert the CO, in writing, of regulation and program changes affecting this Contract, and recommend an implementation plan for identified changes.

**C.3.2.1.3.6 Hearing Protection**

- (a) At a minimum, the Contractor shall be in compliance with the most current version of the Occupational Safety and Health Administration (OSHA) occupational noise exposure and hearing conservation regulations found in 29 CFR 1910.95 entitled, *Occupational Safety and Health Standards, Occupational Noise Exposure, and Other Washington State Regulations*, as applicable. The Contractor is to provide audiograms for workers who are exposed to noise levels that trigger hearing conservation program requirements promulgated by 10 CFR 851, which incorporates 29 CFR 1910 and the 2016 American Conference of Governmental Industrial Hygienists Threshold Limit Values by reference. The audiometric testing shall be performed by a licensed or certified audiologist, otolaryngologist, or other physician or by a technician who is certified by the Council of Accreditation in Occupational Hearing Conservation or who has satisfactorily demonstrated competence in administering audiometric examinations, obtaining valid audiograms, and properly using, maintaining, and checking calibration and proper functioning of the audiometers being used. The Contractor shall notify employees and supervisors of temporary and permanent standard threshold shifts in accordance with the above OSHA and state standards within the required notification timeframes.
- (b) The Contractor shall appoint a physician lead who has knowledge of OSHA requirements and has expertise in the area of Hearing Conservation Programs (HCP). This lead will set up HCP standing operating procedures and monitor compliance through a peer review process that uses critical HCP related criteria to identify departures from the requirements, ensure standardization of communication and internal processes among providers, and improve the program.
- (c) The Contractor shall provide hearing loss data to Hanford organizations to prevent worker hearing loss and to support identification and posting of potential hazardous noise locations. At a minimum, at least annually and by Contractor or agency, the Contractor will report data that includes the number of audiometric tests performed on persons who are in a HCP; and the number of permanent standard threshold shifts in either ear by fiscal year, age, and job category. The data is to be presented to Hanford organizations in support of their respective HCP for the identification of potential shortfalls and successes. The Contractor shall provide expert occupational medicine consultation in noise hazard assessment and hearing loss prevention, as well as consultation regarding noise hazards, engineering controls, and hearing protection.

**C.3.2.1.3.7 Controlled Substance/Alcohol Testing**

- (a) The Contractor shall comply with requirements outlined in 10 CFR 707 entitled, *Workplace Substance Abuse Programs* (WSAP), at DOE sites. The WSAP services are outlined within Section J, Attachment J-3.
- (b) The Contractor shall comply with requirements outlined in controlled substances/alcohol testing programs that are in accordance with this PWS, Section J, Attachment J-3, and the U.S. Department of Health and Human Services Mandatory Guidelines for Federal Workplace Drug Testing Programs as administered by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Mandatory Guidelines for Federal Workplace Drug Testing Programs; 10 CFR 707; 49 CFR 382 entitled, *Controlled Substances and Alcohol Use and Testing*; and 49 CFR 40 entitled, *Procedures for Transportation, Workplace Testing Programs*.

- (c) The Contractor shall provide the controlled substances/alcohol testing program services that shall include standard chain of custody procedures and documentation, collection, handling, shipment, analysis, and reporting analysis results for the Human Reliability Program (HRP) Testing Designated Positions; U.S. Department of Transportation (DOT), DOE Security, Emergency Services, and Information Management Substance Abuse Monitoring Program; voluntary requests for urinalysis; and Contractor and DOE Employee Assistance Programs, including Contractor Fitness-for-Duty Programs, and alcohol use and drug testing for random, reasonable suspicion, applicant, and occurrence testing including post-accident requirements.

**C.3.2.1.4 Industrial Hygiene Support**

- (a) The Contractor must implement a comprehensive Industrial Hygiene (IH) program to protect workers from exposure to chemical and physical hazards in the workplace. This includes the identification and mitigation of those hazards as required by 10 CFR 851 and the associated regulatory and consensus standards that are incorporated by reference.
- (b) In response to 10 CFR 851, the Contractor shall, as part of the IH program anticipate, recognize, evaluate and control workplace hazards (chemical, biological, ergonomic and physical agents).
- (c) Work planning shall be integrated with the IH program, both formal and informal, coordination as applicable to adequately identify and control hazards using the hierarchy of controls 10 CFR 851.22 entitled, *Hazard Prevention and Abatement*.
- (d) The Contractor shall provide occupational medical/IH assistance to other organizations, including other onsite contractors and DOE as needed and requested.
- (e) Contractor shall identify an American Board of Industrial Hygiene Certified Industrial Hygienist (CIH) as a liaison. The scope of work for the CIH liaison is to facilitate meeting the requirements of this section.
- (f) The Contractor shall participate in surveys, studies, reviews, assessments, and exposure monitoring to assist with advice to identify, evaluate, and control potential chemical, physical, or biological hazards in the work environment that may cause illness, injury, disease, or impaired well-being.
- (g) Upon request, the Contractor shall assist with the investigation of IH workforce complaints of potential workplace hazards and coordinate where appropriate with the affected employee and the appropriate organizations to resolve issues.
- (h) The Contractor shall assist, as requested, in providing guidance and recommendations concerning the selection, use, maintenance, and control of personal protective equipment (PPE).
- (i) The Contractor shall ensure that individual exposure record(s) to chemical substances or physical agents are filed in the medical records.
- (j) The Contractor shall support DOE and Hanford Contractor staff (for example, safety and environmental) to ensure the incorporation of protective health measures in new equipment, new work procedures, emergency response protocols, and facilities.
- (k) The Contractor medical and IH staff shall provide expert consultation services in heat stress prevention and physiological monitoring and perform heat stress assessments, as requested.
- (l) Provide support to DOE and Contractor management through the collection and analysis, when requested, of employee health data for the purpose of early detection and prevention of occupational and non-occupational illnesses and injuries, thereby reducing morbidity and mortality. All studies,

reports, review, and summaries shall be submitted in accordance with Medical Surveillance Data Reporting. When providing assistance to other organizations or OHCs, the Contractor shall notify the CO or designee of the request and provide DOE with any reports provided to others, as well as all adverse trends as they are identified.

### **C.3.2.2 Medical Services Program**

#### **C.3.2.2.1 Medical Monitoring and Qualification Examinations**

The Contractor shall perform medical monitoring and qualification examinations in accordance with applicable federal, state, local laws and regulations and DOE Directives. Medical monitoring and qualification examinations will include initial, periodic, and post-incident examinations. In addition to receiving the basic physical examination, other exams/diagnostics may be required. Occupational related exams include, but are not limited to, those listed within Section C entitled, *Medical Services Program*.

##### **C.3.2.2.1.1 Medical Exams**

- (a) The Contractor shall provide complete examinations by an appropriate licensed health professional, such as a physician or mid-level provider/practitioner, (e.g., nurse practitioner, physician assistant) which includes, at a minimum, the following evaluation/examinations/patient consultation: ear, nose, and throat; head/neck; blood pressure; hernia; eye/retinal; heart and lungs auscultation; reflexes; skin (whole body exam for potential skin cancer upon patient request); as appropriate: breast, prostate, scrotal, rectal, and/or pelvic and lab results review.
- (b) More frequent examinations and additional tests may be performed, if considered necessary in the judgment of the examining physician.
- (c) The Contractor shall perform the following types of examinations:
  - Pre-placement evaluations, clearances, and recommendations relating to the placement of employees in jobs, so they can perform in a safe and efficient manner consistent with the requirements of the *Americans with Disabilities Act of 1990* and the *Rehabilitation Act of 1973*.
  - Medical surveillance and health monitoring examinations, as required by OSHA, and other regulatory standards consistent with current national specialty guidelines for exposure based services (e.g., American College of Occupational and Environmental Medicine), and examinations for specifically-defined legacy issues.
  - Qualification examinations, including OSHA required exams, and clearances for employee medical qualifications to perform work in environments that may contain chemical, biological, physical (including ionizing radiation), weather, terrain related, and ergonomic hazards.
  - Voluntary periodic examinations (a proactive measure to facilitate the continued health and wellness of workers). The basic examination shall include, but not be limited to, the following:
    - Height, weight, and blood pressure;
    - Visual acuity test and tonometry;
    - Audiogram;
    - Multi-chemical profile including iron and total iron binding capacity (TIBC) profile, complete blood count (CBC), complete urinalysis, and lipid profile;
    - Thyroid (minimum of free Thyroxin and Thyroid-Stimulating Hormone);

- Resting electrocardiogram; and
- Pulmonary function study.

**C.3.2.2.1.2 Occupational-Related Exams**

Occupational related exams include, but are not limited to, the following:

- Hazardous waste workers and all other occupations that involve potential exposure to the following OSHA job hazard categories:
  - Chemical Hazards: Harmful chemical compounds in the form of solids, liquids, gases, mists, dusts, fumes, and vapors exert toxic effects by inhalation (breathing), absorption (through direct contact with the skin), or ingestion (eating or drinking). Airborne chemical hazards exist as concentrations of mists, vapors, gases, fumes, or solids. Some are toxic through inhalation, and some of them irritate the skin on contact; some can be toxic by absorption through the skin or through ingestion, and some are corrosive to living tissue.

Examples include:

1. Chemicals, solvents, paint, or fuel,
  2. Be,
  3. Pesticides/herbicides,
  4. Mercury/lead/heavy metals,
  5. Acids and bases,
  6. Ammonia,
  7. Carbon tetrachloride,
  8. Welding fumes, and
  9. Thermosetting resins and curing agents.
- Biological Hazards: These include bacteria, viruses, fungi, and other living organisms that can cause acute and chronic infections by entering the body either directly or through breaks in the skin.

Examples include:

1. Rattlesnake bites,
  2. Bee stings, scorpion stings, and ant bites,
  3. Valley fever (coccidioidomycosis),
  4. Histoplasmosis,
  5. Psittacosis,
  6. Rabies virus,
  7. West Nile virus,
  8. Hantavirus, and
  9. Contact dermatitis plants (yarrow, sneezeweed, stinging nettle, greasewood, etc.).
- Physical Hazards: These include excessive levels of ionizing and nonionizing electromagnetic radiation, noise, vibration, illumination, and temperature.

Examples include:



1. High pressure systems,
  2. Welding,
  3. Lasers,
  4. Insulation (fiberglass, asbestos),
  5. Dust (silicosis),
  6. Noise,
  7. Radiation and radiologic materials,
  8. Temperature extremes, and
  9. Nanoparticles.
- Ergonomic Hazards: Ergonomics includes studies and evaluations of a full range of tasks including, but not limited to, lifting, holding, pushing, walking, and reaching. Any of these conditions can cause ergonomic hazards, such as excessive vibration and noise, eye strain, repetitive motion, and heavy lifting problems. Improperly designed tools or work areas also can be ergonomic hazards. Repetitive motions or repeated shocks over prolonged periods of time as in jobs involving sorting, assembling, power hand tools, and data entry can often cause workplace health or musculoskeletal injuries.

Examples include:

1. Carpal tunnel syndrome,
  2. Raynaud's syndrome,
  3. Muscle strains and sprains, and
  4. Ligament or tendon damage.
- Security officers including fitness-for-duty (includes HRP, psychological, and 10 CFR 1046 entitled, *Physical Protection of Security Interests*),
  - Firefighters (including fitness-for-duty), and
  - Commercial drivers (DOT Commercial Driver's License per 49 CFR 391 entitled, *Qualifications of Drivers and Longer Combination Vehicle [LCV] Driver Instructors*).

#### **C.3.2.2.1.3 Work Capacity Evaluations**

The Contractor shall conduct work capacity and return-to-work/fitness-for-duty health evaluations, with support to OHCs and DOE management in medical, mental, and substance abuse aspects of personnel reliability (to include psychological assessments, fitness assessments, and activities associated with 10 CFR 712 entitled, *Human Reliability Program*, and 10 CFR 1046 entitled, *Physical Protection of Security Interests*).

#### **C.3.2.2.1.4 Termination (Exit) Health Evaluations**

The Contractor shall conduct termination (exit) health evaluations to include appropriate referrals, pamphlets, brochures, or other materials (e.g., Former Worker Medical Screening Program) for ongoing medical monitoring.

#### **C.3.2.2.1.5 X-Ray Services and Readings**

X-ray services and readings, medical x-ray services shall be provided at the clinics, including taking x-rays, initial readings, and other traditional in-clinic services. Special readings performed outside the clinic (specifically "B" readings or expert analysis) are covered under the CR Section C entitled, *X-Ray Services*, with the exception of work related injuries, as noted in Section C entitled, *Support of DOE's*

*Third Party Administrator for Workers' Compensation.* The Contractor shall ensure that medical digital x-ray or other media used and written reports are delivered (consistent with Section C entitled, *Other Direct Costs*) to the clinic and become property of the Government.

**C.3.2.2.1.6 Examination Administration**

- (a) Medical examinations shall be scheduled using the Government-furnished computerized scheduling system (Section J Attachment entitled, *Government-Furnished Services/Information*). The Contractor shall manage and coordinate medical examination scheduling with each of the OHCs and DOE to minimize the impact of medical examinations on the work conducted at the Hanford Site.
- (b) Appropriate documentation of all pertinent medical information shall be maintained, including medical and occupational histories, examination findings, laboratory and procedure results, evaluations and conclusions, and recommendations that are in accordance with the applicable federal, state, and local laws and regulations, and DOE Directives and standards of practice.
- (c) The Contractor shall refer employees to their personal physician for non-occupationally related illness or injury, except as noted in Section C entitled, *Evaluation, First Aid, and Emergency Stabilization*.

**C.3.2.2.1.7 Examination Procedures**

The Contractor shall maintain appropriate medical procedures, medical reports, and processes required for the particular type of medical examination that are in accordance with the applicable federal, state, and local laws and regulations, and DOE Directives and standards of practice.

**C.3.2.2.1.8 Examination Reporting**

The Contractor shall make appropriate medical notifications that communicate results of examinations to employer and worker. (Note: Only the appropriate, work-related information permitted by law will be communicated to the worker's employer/Contractor).

**C.3.2.2.1.9 Professional Services**

The Contractor shall provide appropriate professional services, laboratory and medical technician services, administrative support, and other services that are in accordance with the applicable federal, state, and local laws and regulations, and DOE Directives and standards of practice.

**C.3.2.2.1.10 Disposition and Disposal Services**

The Contractor shall provide disposition and disposal of all medical, biological, and other wastes generated from the medical service in accordance with the applicable federal, state, and local laws and regulations, and DOE Directives and standards of practice.

**C.3.2.2.2 Evaluation, First Aid, and Emergency Stabilization**

- (a) The Contractor shall provide timely and accessible occupational health care and first aid in the 200 West Health Care Center on the Hanford Site and the Contractor's main clinic in Richland, WA.
- (b) The Contractor may provide an initial dose of non-prescription medication (e.g., aspirin, ibuprofen, antihistamines, decongestants, topical antibiotic/cortisone/burn ointments, throat lozenges, muscle relaxers, antacids, and eye/ear drops) for prompt treatment of symptoms. The Contractor shall provide prescription medications only on a limited, emergency basis.

**C.3.2.2.2.1 Occupational Injury or Illness**

- (a) The management of occupational injury or illness shall be in accordance with applicable federal, state, and local laws and regulations and DOE Directives.
- (b) In emergencies, Hanford workers shall be given the necessary care required for stabilization until referral to a private physician or facility can be provided.

- (c) The term first aid is defined in the Washington Administrative Code 296-27-05101(3) (a-n) entitled, *Recordkeeping and Reporting, Definitions*. Exceptions to this definition include services for travel medicine (Section C entitled, *Travel Services*), seasonal influenza vaccinations, other preventative vaccinations, and use of Diethylene Triamine Pentaacetic Acid or a similar chelating agent in concert with treatment by other medical facilities in cases of uptake of radioactive substance.
- (d) The Contractor shall not provide long-term treatment of non-occupational injury and illness.

**C.3.2.2.2.2 Evaluation and Stabilization Administration**

- (a) The Contractor shall manage medication services, including the requisitioning or purchase, storage, safeguarding, accountability, and administration or delivery of all medications and supplies necessary to the operation of the medical services.
- (b) The Contractor shall provide support and information as requested by OHCs and DOE organizations in order to provide accurate reporting of occupational injuries and illness (for example, OSHA 300 reporting).
- (c) Evaluation and first aid, or stabilization and referral, of occupation injury or illness shall be prompt, with emphasis placed on rehabilitation and return to work at the earliest time compatible with job safety and employee health. Contractor shall define specific protocols, procedures, and tests for workers who present with complaints or express symptoms of chemical exposure.
- (d) The occupational medical staff shall notify the affected individual(s) and immediate supervisor(s) of unhealthy work situations detected during the course of their duties. The Contractor shall also notify OHCs and DOE Hanford Site health and safety groups (e.g., health physics, industrial hygiene, or safety) of these situations.
- (e) Contractor shall maintain medications as appropriate (e.g., aspirin, ibuprofen, etc.) to support first aid. Additionally, the Contractor shall maintain medications as appropriate to support emergency stabilization and transport. Prolonged care is provided by employees' private physician and/or the workers' compensation program.
- (f) The Contractor shall report to DOE on the dispensation and inventory of regulated drugs, as required by Section J Attachment entitled, *Contract Deliverables*.

**C.3.2.2.2.3 Non-Occupational Injury or Illness**

- (a) Hanford Site workers are to utilize the services of a private physician or medical facility, for care of non-occupational injuries or illnesses. The Contractor may provide assistance with minor, non-work related outpatient or chronic conditions (such as blood pressure checks) to minimize employees' time away from work.
- (b) The Contractor shall provide appropriate assistance to workers who are ill at work. Care should be available for what is judged as a short-term, minor condition. The objective is to return the worker to a state of health in the shortest possible time consistent with appropriate medical standards.
- (c) The Contractor shall provide appropriate return to work clearance or duty limitations to workers and their employers, taking into consideration any restrictions provided by a private physician.

**C.3.2.2.3 Monitored Care**

- (a) Monitored care of ill or injured workers by occupational medical physicians is required to maximize recovery and safe return to work and minimize lost time and associated costs.

- (b) The Contractor shall monitor workers' compensation cases, as appropriate, through return to work visits, Contractor communication with the DOE Third Party Workers' Compensation Administrator, and physician to physician communication with private physicians, where applicable.

**C.3.2.2.3.1      *Monitored Care Notifications***

OHCs and DOE management have the responsibility to advise the Contractor when a worker has been absent because of a work related illness or injury for five or more consecutive workdays.

**C.3.2.2.3.2      *Workers' Compensation Cases***

The Contractor shall assist the workers in recovery and facilitate return to duty at the earliest practical time. Reasonable accommodations or restrictions may be a part of this rehabilitation process and must be closely coordinated with the human resources department and line management of OHCs and DOE.

**C.3.2.2.3.3      *Work Conditioning Program***

The Contractor shall include a work conditioning program(s) as part of the monitored care program to support/expedite fulfillment of fitness-for-duty, work capacity, and qualification requirements.

**C.3.2.2.3.4      *Monitored Care Recommendations***

The Contractor shall make medical fitness-for-duty recommendations regarding employees for conditions that may influence performance or work suitability.

**C.3.2.2.4      *Medical Surveillance Data***

The Contractor shall routinely and systematically analyze medical data involving individuals, as well as groups of workers, by location and by function, in the course of performing monitoring and qualification examinations and conduct epidemiological studies while maintaining the confidentiality of workers.

**C.3.2.2.4.1      *Medical Surveillance Data Analysis***

Data analyses shall be aimed at early identification of patterns of findings, sentinel events, or changes in worker health that may be indicative of trends or weaknesses in worker protection features and programs. The Contractor shall include these reviews in the quarterly summary Epidemiological Reports to DOE, or more often as requested and notify the CO or designee of all adverse trends as they are identified and include all trending results, recommendations, and comments in the SOMD's annual report (Note: Additional, specific epidemiology studies may be requested by DOE under Section C entitled, *Indefinite Delivery/Indefinite Quantity*).

**C.3.2.2.4.2      *Medical Surveillance Data Reporting***

- (a) The Contractor shall provide the SOMD annual report, which reports on the health status of the workforce, identifies trends and analyzes effects, presents conclusions of medical surveillance analysis, provides a status of clinical practices, and makes recommendations for improvements in protecting workers' safety and health. The SOMD is responsible for the communication and coordination of findings with appropriate public health agencies.
- (b) The SOMD's annual report will, at a minimum, provide/present:
- Information on the relationship of the Site activities to the health and safety of Site personnel;
  - Any trends and analysis of their efforts;
  - Conclusions of the medical surveillance analysis and recommendation to the DOE for improvement and protecting workers' safety and health;
  - The results of any special studies directed by the DOE CO, or designee, or as requested by OHCs;

- A description of the analysis, the basis for conclusions, and a discussion of the urgency of the recommendations;
  - An explanation of the benefits to the health and safety of the Site workers and DOE;
  - An appendix that details significant changes in exam protocol(s) during the reporting period; and
  - An appendix that describes the exam protocols associated with the job categories.
- (c) The Contractor shall ensure that the report meets the standards for analysis and report preparation comparable to that required for acceptance by a peer reviewed medical journal.
- (d) Present the results verbally to the Government within 30 days after the report has been submitted.
- (e) The Contractor shall provide a quarterly Epidemiological Report, a summary report on the health status of the Hanford workforce collectively and sorted by grouping, location, employer, and by job function, including results of any epidemiological studies. The data analysis shall be aimed at early identification of patterns of findings, sentinel events, or changes in worker health that may be indicative of trends or weaknesses of worker protection features and programs.
- (f) Upon request, the Contractor shall prepare summaries, studies, reviews, and assessments of the data collection and analysis performed for purposes of integration of the IH and medical surveillance activities. When providing assistance to other organizations or OHCs, the Contractor shall notify the CO or designee of the request and adverse trends as they are identified.
- (g) The Contractor shall provide a monthly utilization report timed to coincide with the delivery of the monthly invoice. The report details the numbers and types of clinical and EAP services provided, such as walk-ins, exams, and immunizations, by job category and Contractor employer.

The report shall be in Microsoft Excel® spreadsheet format with a minimum of six data sheets as described below, and will tabulate occupational medical services utilization data. One data sheet of the report will display the number of no-show visits broken out by company for OHCs and DOE. For two other data sheets, the following fields of service shall be represented as columns (the Contractor may suggest others to DOE for approval) including, at a minimum, the following fields:

- “Contractor Employer” or “Common Occupational Classification System (COCS) Code” and “Job Category” (left-most, first two columns), Behavior Health Services, Case Management, Chart Review, Consultation, Equipment Test, Evaluation Encounter, Exposure and Unusual Event, Industrial Rehabilitation and Conditions, Medical Surveillance Exam, Physical Exam, Recall, Separation, Test Encounter, Tracking, Unknown, Vaccine, Walk-In Encounter, Wellness and Health Education, Total (right most column representing a sum of services provided to the entity listed in the left most column).
- One sheet of the report will display the quantity of each of the above services as supplied to each OHC or DOE that month.
- One sheet of the report will display the quantity of each of the above services of each job category that month. The first column will be the Hanford COCS code and the second column to be the job category. Job categories that receive no services (blank rows) shall be a zero. The bottom most row shall be a sum.

- The other three sheets shall represent the above three sheets (No-Shows, Contractor Employer, Job Category) with accumulative data of year to date.
- (h) The Contractor shall provide a monthly program performance report timed to coincide with the delivery of the monthly invoice. The report details the Contractor's monthly performance including its performance relative to the elements of the 'Performance Requirements Summary' table in Section J Attachment entitled, *Quality Assurance Surveillance Plan (QASP)*. The report to include the backup and analyses for work completed in performance of the contract.
- (i) The Contractor shall provide a quarterly customer satisfaction survey report, a summary report of the results of the customer satisfaction surveys.

### **C.3.2.3 Case Management**

Case Management is to be carried out at the Contractor's main clinic. The purpose of Case Management is to be a liaison between the occupational medical program and DOE's Third Party Administrator in workers' compensation cases and return to work issues.

#### **C.3.2.3.1 Case Management Coordination**

The Contractor shall manage Be cases consistent with the requirements in 10 CFR 850. This scope includes ensuring Case Management prepares electronic reports that are submitted to the OHCs, including a report of work restrictions sent to the worker's management and safety organization(s) and other case management reports to include Be related concerns or exposures.

#### **C.3.2.3.2 Return to Work Issues**

The Contractor shall manage cases of other complex worker issues related to occupational health, generally where multiple appointments and regimes are an issue.

#### **C.3.2.3.3 Support of DOE's Third Party Administrator for Workers' Compensation**

- (a) The Contractor shall monitor workers' compensation claims as appropriate, through return to work visits by the worker in order to facilitate return to work. The Contractor shall have timely communications with DOE's Third Party Administrator for workers' compensation, physician to physician with the worker's private physician(s), and employer where applicable.
- (b) The Contractor shall provide, within 15 working days, a hard copy of the complete personal medical file of a Hanford Site worker being treated under a workers' compensation claim, as requested by DOE's Third Party Administrator for workers' compensation.
- (c) The Contractor shall not incur any outside costs related to a workplace injury with the following exception:
  - In accordance with the State of Washington Department of Labor and Industries (L&I) letter dated November 9, 2012; the reporting of claims costs, for workers with CBD, L&I determined that its position will be consistent for all Be-related conditions. No costs associated with medical surveillance exams are reportable as claims costs under State of Washington's workers' compensation program for any closed Be worker compensation claim. This is true regardless of whether the claim is for Be sensitization or CBD. If the worker has an open claim for CBD, all costs are reportable claim costs under Washington's workers' compensation program.

### **C.3.2.4 Program Administration**

#### **C.3.2.4.1 Project Controls and Management**

- (a) The Contractor shall provide information and support to DOE on data gathering and reporting to assist budget formulation and financial analysis activities.
- (b) The Contractor shall provide an Annual Execution Plan (AEP) that defines major activities (separately identified as FFP scope(s), CR scope, or [if applicable] IDIQ scope) to be performed for the following fiscal year and the level of funding associated with each (see Section J Attachment entitled, *Contract Deliverables*).
- (c) The AEP shall be defined to the third level of Work Breakdown Structure (WBS) and by major activity (e.g., labor, materials, testing, surveillance program, consulting, health education, Energy Employee Occupational Illness Compensation Program Act Requirements [EEOICPA], etc.). All purchases and upgrades over \$5,000 shall be attributed and annotated explicitly to the major CR activity.
- (d) The Contractor shall report each month for activities, as defined in the AEP, on spending variance relative to AEP levels. The reporting level shall be to the level of WBS and category. The Contractor shall provide a Billing Rate Variance Report on cost variance relative to the AEP each month, as a Contract deliverable in Section J Attachment entitled, *Contract Deliverables*.
- (e) Phase Out/Close Out.
  - (1) At the completion of the Contract, the Contractor shall cooperate with DOE and assist the incoming Contractor(s) to facilitate an overall effective and seamless Contract transition. The desired outcome is a smooth transition of work scope from the Contractor to other Contractor(s) to avoid disruptions that could impact accomplishing the Hanford Site mission.
  - (2) The Contractor shall perform the following activities for transition resulting from the Contractor transferring responsibility for performance of work to another Contractor:
    - Ensure property, Government property and GFP associated with the scope of work being transferred is accounted for, with its current condition documented. Provide DOE the results of this in a comprehensive property list 120 days prior to the end of the Contract, or as requested by the CO.
    - Assess the current conditions of elements of the PWS associated with the scope of work being transferred and provide DOE with a report presenting this assessment 120 days prior to the end of the Contract, or as requested by the CO.
    - Coordinate with the Contractor assuming responsibility for performance of work in transference of workforce, property, programmatic and management system functions.
    - Support DOE in conducting a safe, effective, and efficient transfer of responsibility for execution of the work scope, resulting in the different Contractor assuming full responsibility for the project and workforce with no disruption to ongoing operations.
    - Support the transfer agreement to the incoming Contractor.

**C.3.2.4.2 Site Safety Standards – Common Safety Processes**

- (a) This activity includes interfacing and working with OHC's to implement the Hanford Integrated & Site Wide Safety Systems (ISWSS) procedures. 10 CFR 851.11 entitled, *Development and Approval of Worker Safety and Health Program*, addresses the need for a Contractor with more than one covered workplace at a DOE site to have a single, worker safety and health program, and where more

than one Contractor is responsible for covered workplaces, each Contractor must coordinate with other Contractors to ensure there are clear roles, responsibilities, and procedures to ensure the safety and health of workers at multi-contractor workplaces. The Contractor listed in Section J, Attachment J-3 manages the ISWSS for the Hanford Site, which includes 10 Sitewide Safety Standards that shall be implemented by the OHCs.

- (b) The goal is to have common programs, and processes for worker safety where there are similar hazards, requirements, and worker expectations. Since Hanford Site workers may perform work in facilities controlled by OHCs, safety can be improved by having uniform safety processes.
- (c) The desired outcome of the Site Safety Standards function is to provide a consistent approach (where appropriate) that ensures Hanford Site workers have necessary safety and health processes to perform work safely on the Hanford Site.
- (d) The Contractor shall:
  - Implement the ISWSS Standards managed for DOE by the Contractor listed in Section J, Attachment J-3.
  - Work collaboratively and build coalitions with OHCs, labor leaders, and workers to continue to build a strong and enduring safety culture. Work with Contractor listed in Section J, Attachment J-3, OHCs, and workers to maintain existing Site Safety Procedures.
  - Provide representatives to attend regular Sitewide Safety Program committee meetings.

#### **C.3.2.4.3      *Organizational/Safety Culture***

- (a) The Contractor shall adapt to DOE's Hanford organizational and safety culture as directed in Section H clause entitled, *Organizational/Safety Culture*, and continuously improve organizational culture (Site core values and behaviors), safety culture, and safety conscious work environment, including implementation and utilization of programs/processes that support workers raising concerns without fear of retaliation. These programs/processes include, but are not limited to: Employee Concerns Program, the Differing of Professional Opinions Process; Ethics and Compliance Program/Process; and Alternative Dispute Resolution.
- (b) The Contractor shall continuously promote a work environment where workers are encouraged to raise concerns. The Contractor shall define expectations, rigorously reinforce those expectations, and take actions to mitigate the potential for a chilling effect.
- (c) Develop implement, and maintain a Safety Culture Sustainment Plan as directed by Section H clause entitled, *Organizational/Safety Culture*, within 120 days after transition.
- (d) The Contractor shall conduct business in a manner fully transparent to DOE. Activities are demonstrated by open, clear, and well communicated management actions and technical and project documentation. Identified issues and trends are proactively shared with DOE.
- (e) The Contractor shall champion a culture that rewards proactive self-identification and reporting of issues that identifies and takes action on systemic weaknesses leading to sustained continuous self-improvement.
- (f) The Contractor shall provide DOE National Training Center safety culture training to senior and mid-level managers, front-line supervisors, and employees.



**C.3.2.4.3.1 Event Notification, Reporting and Investigation**

- (a) Occurrences resulting from activities performed at DOE facilities or in support of DOE facility operations must be reported to notify DOE about events that could adversely affect the health and safety of the public or the workers, the environment, DOE missions, or the credibility of DOE. The Contractor must establish and implement operational practices to: ensure appropriate event notification for timely response; develop reports to ensure that DOE is informed about events that could adversely affect the health and safety of the public or the workers, the environment, DOE missions, or the credibility of DOE; promote organizational learning; investigate events to determine their impact and prevent recurrence based on significance.
- (b) The Contractor shall make notifications and report events, as required by CRD O 232.2A entitled, *Occurrence Reporting and Processing of Operations Information*, and support DOE as required by CRD O 225.1B, *Accident Investigation*. In addition, the Contractor shall make notifications, report events, and follow investigation requirements of CRD O 231.1B entitled, *Environment, Safety, and Health Reporting*; and CRD O 436.1 entitled, *Departmental Sustainability*.

**Notifications**

- (c) The Contractor shall establish and implement practices to ensure appropriate event notification for timely response, addressing the following elements:
- Procedures for internal, DOE, and external notifications, including events, persons to be notified, persons responsible to make notifications, contact information, and recordkeeping. If an event occurs while the Contractor is working in a facility operated by OHCs, the Contractor who has primary responsibility for the facility or activity shall make the event notification.
- (d) The Contractor shall notify the Designated DOE Representative for events such that real time notification of DOE Line Management occurs for personnel injuries, chemical exposures, work stoppages, and other situations that might receive public, regulatory, or DOE Headquarters (HQ) attention. In addition, the Designated DOE Representative shall be notified on a 24-hour basis of events that reach a threshold of notifying management, including non-reportable and adverse conditions. Specific criteria for Designated DOE Representative notification shall be, but are not limited to, the following:
- Workers receive occupational injuries or are exposed to hazards that result in transport to a first aid facility, a hospital, or cause the individual to be entered into a medical monitoring program.
  - Workers are unexpectedly exposed to hazardous substances (e.g., Be, asbestos, mercury, and lead) in excess of regulated limits, or unplanned Immediately Dangerous to Life and Health Conditions.
  - When a stop work is invoked for a safety-related reason, by either workers or Contractor Management.
  - Whenever a situation is discovered that presents an immediate danger to workers, the environment, or the public, or when it is determined such a condition was known to exist and was not mitigated.
  - Whenever hazardous energy controls are found inadequate.

- (e) The Contractor shall notify the Designated DOE Representative prior to conducting event investigations (e.g., critique, fact-finding). Notification will be made, allowing sufficient time for the Designated DOE Representative to attend.

### **Reporting**

- (f) The Contractor shall report occurrences resulting from activities performed by Contractor personnel and subcontractors in support of operation and other externally driven events (such as natural phenomena), categorize the occurrences, notify DOE as required, and prepare and submit Occurrence Reports. Reporting Programs shall include the following: Event or Condition Identification and Response, Event or Condition Categorization, Notifications, Occurrence Report Processing, Occurrence Investigation and Analysis, and Identifying Safety Performance Trends and Recurring Occurrences.

### **Investigation**

- (g) The Contractor shall establish and implement operations practices for investigating events to determine their impact and prevent recurrence, addressing the following elements:
  - 1. Specific events requiring investigation and criteria for identifying other events or conditions to be investigated;
  - 2. Designation of investigators and their training and qualification;
  - 3. Investigation processes and techniques;
  - 4. Causal analysis and corrective action determination;
  - 5. Event investigation reporting, training, and trending; and
  - 6. Responses to known or suspected sabotage.
- (h) The Contractor shall support DOE accident investigations for accidents occurring on self-performed and subcontracted work activities, as required in current DOE Directives.

#### **C.3.2.4.4      *Property, Items, and Material Control***

##### **C.3.2.4.4.1      *Personal Property and Materials Management Program***

- (a) The Hanford Site Personal Property Management Program managed by DOE's Contractor listed in Section J, Attachment J-3 is an over-arching program, conducted in accordance with established DOE Directives and other regulations and laws. The Program includes the establishment, implementation and integration of Sitewide processes and procedures for centralized personal property management functions, such as recycling of precious metals and processing equipment that is no longer needed, through the excess property system. Tracking DOE-owned, Contractor-managed property (Sitewide) is accomplished by means of decentralized data entry into the primary property management Sitewide database. The Program also manages the centralized storage and staging of equipment and inventory through the use of various onsite warehouses.
- (b) The Contractor shall participate in and align with the Hanford Site Personal Property Management Program, managed by the Contractor listed in Section J, Attachment J-3, that provides for efficient tracking of accountable personal property Sitewide, management of the primary property management Sitewide database, including providing Sitewide property management reports, and other related systems, central recycling, excess property dispositioning, equipment transfers and loans, and maintenance of central warehouses and associated inventory.

- (c) The desired outcome of the Hanford Site Personal Property Management Program is a personal property management system that enables effective and efficient stewardship of personal property assets, and optimum reuse and disposal of federal personal property.
- (d) The Contractor shall manage a contract-specific Personal Property Management Program that aligns with the Hanford Site program that requires the following:
- Provide a contract-specific Personal Property Management Program (Property Management System) to DOE for approval within 60 days of completion of transition.
  - Ensure the contract-specific Personal Property Management Program provides for identification, disclosure, and performance of normal and routine preventative maintenance and repair. The Contractor shall disclose and report to DOE the need for replacement and/or capital rehabilitation. Additionally, in accordance with DOE guidance, the Contractor shall complete the Deferred Maintenance and Repairs Disclosure for Personal/Capital Equipment Form by September 30<sup>th</sup> of each calendar year. Also for capital equipment not to be reported on by the Contractor, a request shall be submitted to DOE for approval of non-reporting.
  - Work with the Contractor listed in Section J, Attachment J-3 and OHCs in establishing Sitewide policies and procedures.
  - Conduct a complete wall-to-wall Physical Inventory, including bar coding and tagging as applicable, and provide a report to DOE within 90 days after completion of transition.
  - Participate in the Sitewide personal property borrowing and loaning activities (domestically and abroad); loans of Government property to and from non-contractors, other DOE sites, and/or other agencies.
  - Participate in the Sitewide precious metals recycling program.
  - Provide reports regarding stores inventory, such as turnover ratios, value of onsite inventory, and inventory accuracy report.
  - Maintain an accurate inventory through the life cycle of the Contract.
  - Control of sensitive items and controlled substances for which the Contractor has control (e.g., hypodermic needles, syringes, and non-potable alcohol).
  - Manage returnable containers and other items needing to be returned to manufacturers for credit.
  - Generate required reports, to include at the minimum the following:
    - Report of Physical Inventory Results (in accordance with 41 CFR 109 entitled, *Department of Energy Property Management Regulations [2016]*). The frequency of physical inventories of personal property shall be as follows:
      - Equipment – biennial 98 percent (98%) inventory accuracy.
    - Sensitive items – annual 100 percent (100%) inventory accuracy:
      - Stores inventories – annual;
      - Precious metals – annual 100 percent (100%) inventory accuracy;
      - High Risk Personal Property – annual 100 percent (100%) inventory accuracy; and
      - Other accountable property – every three (3) years 98 percent (98%) inventory accuracy.

- The following reports shall be delivered for DOE approval as required:
  - Report of Loss, Damage, Destruction, or Theft;
  - Reports of Sales and Exchanges;
  - Motor Vehicle Fleet Reports;
  - Plans and Procedures for Property Management Business System;
  - Final Property Reports for physically completed or terminated contracts; and
  - Special Reports for Motor Vehicles.
- The following reports shall be delivered annually to DOE:
  - Property Information Database System; and
  - General Services Administration (GSA) Report of Property Furnished to Non-Federal Activities.

#### **C.3.2.4.4.1.1 Disposition of Excess Personal Property**

- (a) When personal property in Condition Code 1, 4, or 7 is determined to be excess to the needs of this Contract it shall be posted on the Sitewide Excess Personal Property Bulletin Board for seven days. If the asset is not reutilized on the Hanford Site, then the Contractor shall use the Contractor listed in Section J, Attachment J-3 for further and final disposition.
- (b) The Contractor shall:
- Manage planning, coordination, asset isolation, cleanup, preparation for removal, transfer, and other activities required to complete the transfer of targeted assets.
  - Process scrap metal, paper, wood, and recyclable materials through the Contractor listed in Section J, Attachment J-3.
  - Report excess items within the timeframes specified in FAR 45 entitled, *Government Property*, and 41 CFR 109 entitled, *DOE Property Management Regulations*.
  - Disposition nuclear-related or proliferation sensitive property in accordance with the requirements of 41 CFR 109.

#### **C.3.2.4.4.1.2 Inventory Management**

The Contractor shall:

- Manage assigned inventory. Inventory management operations shall provide for tracking, storage and disbursement of inventory items. Participate with OHCs in performing an annual inventory with the Contractor listed in Section J, Attachment J-3.
- Provide inventory management services to maintain appropriate levels of designated supplies and emergency response-related items, to ensure the timely availability of critical items.
- Manage the contract supply chain, and evaluate demand, usage trends, and programmatic requirements to reduce existing inventory to the lowest achievable levels.
- Establish the most cost-effective method to provide common-use and critical items, including onsite storage, just-in-time contracts, and basic ordering agreements.

- Prior to purchasing personal property, the Contractor shall follow the priorities for use of mandatory government sources listed in FAR Part 8.
- Maintain stock on hand or provide immediate access to critical items.
- Support the automated material systems required to provide customer access, accountability, and accountability storage items for the Hanford Site.

**C.3.2.4.4.2 Real Property Asset Management**

- (a) The Contractor is responsible for compliance with real property asset management requirements, federal rules and regulations, and applicable laws, regardless of the entity performing the work and is responsible for flowing down real property requirements to its subcontractors to the extent necessary to ensure compliance. Real property includes land and anything permanently affixed to it, such as buildings, fences, and building fixtures (e.g., lights, plumbing, heating and air conditioning). The Facility Information Management System (FIMS) contains information on DOE real property holdings, and provides DOE and Contractors with online access to DOE facility information. The system provides DOE with an inventory and management tool that assists with planning and managing real property assets.
- (b) The Contractor shall comply with the requirements of DOE Requirements Document (DRD)-002, *Real Property Asset Management*, to implement DOE O 430.1C entitled, *Real Property Asset Management*, and interface with OHC in accordance with Section J, Attachment J-3. Hanford Site Contractors shall coordinate with each other to ensure this DRD-002 is implemented in a consistent, efficient, and compliant manner across the Hanford Site, and reflected in the life cycle planning and budgeting. This also includes a reliable FIMS that provides current, complete, and accurate information on real property holdings, enabling informed decision making in the planning, budgeting, operation, maintenance, and disposal of real property.
- (c) The Contractor shall:
- Ensure financial investments in real property are aligned to meet DOE mission needs and requirements. Real property asset planning includes strategic and tactical planning with short-term and long-term forecasts, as documented appropriately in master plans, Infrastructure and Services Alignment Plan (ISAP), Five-Year Site Plan, and the Facility Master Plan being developed and maintained by DOE's Contractor listed in Section J, Attachment J-3.
  - Conduct periodic analyses of the current facility planning process and available tools to identify potential areas of improvement and to support efficient operations.
  - Acquire commercial lease space, and mobile offices in accordance with Section H clause entitled, *Use of DOE Facilities, Commercial Lease Space and Mobile Offices*, in addition to following applicable federal laws and regulations.

**Facilities Information Management System (Reporting Systems)**

- (d) The Contractor shall:
- Coordinate, with the Contractor listed in Section J, Attachment J-3, who is the lead to provide FIMS data and meet the FIMS annual reporting requirements and timelines for the real property assigned to this Contract.
  - Participate in the annual FIMS data validation effort, encompassing records review, onsite asset inspection, and validation of a select number of records. Support development of validation

scorecard results and develop a corrective action plan, as applicable, for Contractor listed in Section J, Attachment J-3 submission to DOE on an annual basis.

- Support the Contractor listed in Section J, Attachment J-3 to develop real property performance measurement/metrics for the Hanford Site to trend life cycle management of real property assets.

#### **General Purpose Facility Planning and Management**

- (e) The Contractor shall, with the Contractor listed in Section J, Attachment J-3, who is the lead, participate in the Joint Contractor Space Utilization Board composed of representatives from DOE and OHC to:
- Coordinate, manage and integrate office and warehouse needs across the Hanford Site to provide cost-effective, efficient, safe, and secure posture of real property to meet operating requirements. It encompasses multiple disciplines to ensure functionality and efficient utilization of the built environment by integrating people, systems, place, process, and technology.
  - Evaluate the supply and demand of facilities for the Hanford Site with DOE and OHCs to collectively develop, maintain, and implement a strategy and objective to support and improve the effectiveness and efficiencies of facilities, as documented in the ISAP, Five-Year Site Plan, and Facility Master Plan being developed and maintained by the Contractor listed in Section J, Attachment J-3.
  - Support data collection for facilities assigned under this Contract, to facilitate space integration and utilization, workstation layouts and configuration controls, move planning and execution, repurposing space, administration of information, and building administration.

#### **C.3.2.4.5 OccMed Requirements and Regulations**

##### **C.3.2.4.5.1 Health Care Accreditation**

The Contractor shall achieve and maintain accreditation to standards of the Accreditation Association for Ambulatory Health Care as described in Section H entitled, *Accreditation Requirements*. Such accreditation shall be maintained throughout the Contract period.

##### **C.3.2.4.5.2 Inspection**

The Contractor's workspace may be inspected periodically for regulatory or contract compliance. Abatement of non-compliance will be the responsibility of the Contractor, as determined by the Government. The Contractor shall provide support to DOE organizations, assessment teams, Inspector General, United States Government Accountability Office (GAO), and the DOE or OSHA inspector if a complaint is filed or an investigation or inquiry is initiated on a company worker.

##### **C.3.2.4.5.3 Professional Development**

The Contractor shall ensure that personnel attend appropriate continuing education courses, conferences, and/or seminars annually, or as required, to maintain competency, technical skill, and certification requirements and ensure that applicable employees maintain membership in appropriate professional organizations.

##### **C.3.2.4.5.4 Other Direct Costs**

The Contractor shall furnish (except as expressly set forth in this Contract as furnished by the Government) personnel, facilities, janitorial services (main clinic), equipment, materials, supplies, and services and otherwise do all things necessary for, or incident to, the performance of work described in Section C entitled, *Firm-Fixed-Price Occupational Medical Services*, and other sections of the Contract not specifically identified as CR or IDIQ scope. Personnel includes providing a "readiness to serve" level

of staffing. Materials, supplies, services, and other non-labor costs include, but are not limited to insurance, laundry, uniforms, office supplies, printing, postage (to include shipping/delivery), licenses/accreditation/professional fees, recruiting expense, educational assistance, relocation, training, onsite exams and tests, medical and general supplies, software and systems and associated fees and cost, microfilming, educational pamphlets/materials/resources, book/magazine subscriptions, PPE, cell phones and stipends.

**C.3.2.4.6 Quality Assurance**

- (a) Contractors are required to implement Quality Assurance Programs (QAP) that provide confidence that quality is achieved. The QAP shall be implemented using a graded approach, based upon the relative importance of the activity and the potential consequences of failure.
- (b) QAPs apply to Contract requirements and are not limited to environment, safety, and health functions. The Contractor shall develop and implement a QAP that complies with current DOE Directives.
- (c) The desired outcome is a QAP that ensures that products and services provided or performed by the Contractor are of a high quality and meet or exceed stated requirements.
- (d) The Contractor shall:
  - Establish, implement, and maintain a QAP that meets the requirements specified in the Section H clause EM-H-1001 U.S. entitled, *Department of Energy Office of Environmental Management Quality Assurance Program (QAP)*.
  - Submit a QAP for DOE approval in accordance with DOE O 414.1D entitled, *Quality Assurance*, and EM-QA-001 entitled, *EM Quality Assurance Program*, prior to performing work for the Contract. The documented graded approach and the QAP may be submitted for DOE approval as standalone documents.
  - Ensure that programs provide for prevention of Suspect/Counterfeit Items.

**C.3.2.4.6.1 Requirements Management Program**

- (a) The Contractor shall manage requirements through the incorporation and utilization of the Government-furnished requirements management software, and implement the Sitewide Business Standard for Requirements Management.
- (b) In addition to the instructions, procedures, and drawings requirements specified in Section H clause EM-H-1001, the Contractor shall implement a requirements management system that entails managing legal, regulatory, contractual and technical requirements, and enduring commitments of a project to ensure and maintain alignment between those requirements and the project's implementing plans, activities and work products. The Requirement Management Program encompasses the tasks of establishing a requirements baseline, crediting the documented implementing provisions, and maintaining bidirectional traceability to and from implementing provisions, under change controls and maintaining configuration management.
- (c) As a program/project management function, the purpose of requirements management is to manage requirements of the Contractor's programs, processes, products and product components, and to ensure alignment between those requirements and the Contractor's implementing plans, work instructions, and work products.
- (d) The desired outcome is the implementation of an effective requirements management program that establishes and maintains a complete requirements dataset that provides bidirectional traceability to

implementing provisions, and from those documented implementing provisions back to applicable requirement sources. The requirements sources include, but are not limited to, direct contractual provisions; applicable CRDs; applicable DOE Directives; applicable federal, state, and local regulatory requirements; permit provisions; applicable DOE Standards; applicable Hanford Site standards; adopted industry standards; adopted guidance; enduring commitments from enforcement actions or corrective actions; and demonstrating that applicable requirements are adequately implemented within the Contractor's documented programs, plans, procedures, and/or work instructions.

(e) The Contractor shall:

- Develop, document, and implement an effective requirements management system that satisfies the requirements described within the Sitewide Business Standard for Requirements Management.
- Incorporate and utilize requirements management software.

**C.3.2.4.6.2 Quality Assurance Requirements for Computer Software for Nuclear Facility Applications**

The Contractor, in addition to the software requirements contained in the QA program specified in Section H clause EM-H-1001, shall develop and implement a software program that incorporates the guidance of the Institute of Electrical and Electronic Engineers (IEEE) Software Engineering Standards listed in Section J Attachment entitled, *Requirements Sources and Implementing Documents*, or other IEEE standards that are applicable to the Contractor's scope of work. This guidance shall be incorporated into the Contractor's program when addressing software life cycle activities, such as requirements identification, software design, software test planning and testing, and software verification and validation. This program shall be described in detail in the Contractor's QAP and approved by DOE.

**C.3.2.4.7 Contractor Assurance System**

- (a) Contractor Assurance System (CAS) is an integral component of a Contractor's management systems and DOE's Enterprise Risk Management. The DOE integrates its oversight activities with CAS to confirm the adequacy of the Contractor's internal controls and integrated management systems.
- (b) CAS is designed and utilized by Contractors to manage performance consistent with Contract requirements. CAS enables the corporate parent, if applicable, to assess performance, provide data to the Contractor's management decision-making process, and allow the Contractor to more effectively manage processes, resources and outcomes. CAS provides clear communication of the mission and operational performance and enables DOE to determine the necessary level of federal oversight based on mission goals and needs. Under CAS, Contractors provide reasonable assurance that their management controls are effective and efficient. CAS are risk-based systems that focus on outcomes and seek to minimize performance risk.
- (c) Contractors are expected to responsibly oversee their own work, identify concerns, and reliably report unexpected adverse outcomes in order to address and prevent recurrence. CAS covers the full scope of Contractor operations and is applied to operating and business functions, including systems for the protection of the worker, public, environment, property, business, and financial matters.
- (d) The desired outcome is a comprehensive, robust system of integrated management processes that inform management decision making and enable the Contractor's accomplishment of mission in an effective, efficient, safe, and secure manner. The transparency of these systems enables the DOE's oversight to be accomplished efficiently and effectively, by utilizing and leveraging the outcomes and information from effective CAS implementation.



(e) The Contractor shall:

1. Develop and implement an effective CAS as described in CRD O 226.1B entitled, *Implementation of Department of Energy Oversight Policy*.
2. Implement the *Hanford Sitewide Business Standard for Contractor Assurance Systems*, as described in Section J, Attachment J-3.
3. Submit an initial CAS description to the CO for DOE review and approval, within 60 days after NTP. That description must clearly define processes, key activities, and accountabilities. An implementation plan that considers and mitigates risks should also be submitted, if needed, and should encompass all facilities, systems, and organization elements. Once the description is approved, timely notification must be made to the CO of significant assurance system changes prior to the changes being made.
4. Incorporate and utilize the CAS software business enterprise suite as described in Section J, Attachment J-3.
5. Benchmark CAS best practices, and share lessons learned data, information, and feedback via the OPEXShare online network.
6. Participate in the CAS forum as described in Section J, Attachment J-3.

**C.3.2.4.8      *Management of Pension and Benefit Plans for which DOE Reimburses Costs***

- (a) The Contractor will have certain responsibilities regarding sponsorship, management and administration of pension and other benefit plans for certain retired Contractor employees associated with work under a previous DOE occupational health services contract. The requirements associated with these responsibilities are set forth in the Sections H.5, H.6 and H.7.
- (b) This does not include contributions to fund the benefit plans discussed in Section C entitled, *Pension and Benefit Plan Contribution*.

**C.3.2.5      Information Management**

**C.3.2.5.1      Records**

- (a) The Contractor shall conduct records management in accordance with 44 USC Chapters 21, 29, 31, 33, and 35; 36 CFR Chapter XII entitled, *Subchapter B Records Management*; the current DOE Records Management Program and Vital Records Orders in Section J Attachment entitled, *Requirements Sources and Implementing Documents*. These functions include, but are not limited to, tasks associated with creation/receipt, maintenance, storage/preservation, protecting, scheduling, indexing and dispositioning active and inactive records; retrieving records from on and offsite storage facilities in accordance with Section J, Attachment J-3 and supporting ongoing Freedom of Information Act (FOIA), Privacy Act, EEOICPA Workers' Compensation, Former Worker Medical Screening Program, CBDPP, Congressional inquiries, litigation holds, and legal discovery requests to ensure that records in electronic information systems can provide adequate and proper documentation for as long as the information is needed.
- (b) Records (see 44 USC 3301 for statutory definition of a record) acquired or generated by the Contractor in performance of this Contract, except for those defined as Contractor owned (see Section I, DEAR 970.5204-3 entitled, *Access to and Ownership of Records*), and including, records from a predecessor Contractor (if applicable) and records described by the Contract as being maintained in Privacy Act systems of records, shall be the property of the Government.

- (c) The Contractor shall prepare and maintain, submit for DOE approval, and execute an approved Records Management Plan, which addresses at a minimum, Records Disposition Plan, Vital Records Program Plan, Vital Records Update, and Records Management Close Out Plan consistent with records management regulations specified therein.

**C.3.2.5.1.1 General Records**

- (a) The Contractor shall ensure that records generated in the performance of the Contract containing personal information routinely retrieved by name or other personal identifier are classified and maintained in Privacy Act systems of records in accordance with FAR 52.224 2 entitled, *Privacy Act (Apr 1984)* and CRD O 206.1 entitled, *Department of Energy Privacy Program*.
- (b) The Contractor shall preserve and disposition records in accordance with National Archives and Records Administration approved records disposition schedules. (Note: Records retention standards are applicable for the classes of records described therein, whether or not the records are owned by the Government or the Contractor [DEAR 970.5204-3]).

**C.3.2.5.1.2 Medical Information and Records Management**

- (a) The Contractor shall protect the privacy of employees and the confidentiality and physical security of employee medical records and provide access to employee medical and behavioral health records in a manner consistent with all applicable laws and regulations, including:
- The Privacy Act, as codified in 10 CFR 1008 entitled, *Records Maintained on Individuals (Privacy Act)*;
  - 29 CFR 1910.1020 entitled, *Access to Exposure and Medical Record*; and
  - The Health Insurance Portability and Accessibility Act, as codified in 45 CFR Part 160, Subparts C, D, and E (HIPAA).
- (b) Provide copies of medical records to other professional medical and behavioral health providers and third-party medical claim administrators as appropriate and in a manner consistent with applicable laws and standards (e.g., the Privacy Act, Health Insurance Portability, and Accountability Act). The current electronic system for health information is UL's Occupational Health Manager (OHM), with approximately 5,082 cubic feet of physical paper, 268 cubic feet microfilm/microfiche records and approximately 3,003 cubic feet of x-ray film as the official record copy. DOE will be transitioning from OHM to Medical Informatics Engineering's (MIE) Enterprise Health electronic health record (EHR) system during 2019. System implementation will be handled by DOE's Information Technology (IT) & Systems Integration Contractor, and major scanning and digitization projects will be handled by DOE's special scanning projects Contractor. The OccMed Contractor shall be responsible for coordinating with the other project participants and providing SMEs during the transition. The current records are located in three locations that include the main Richland, WA Clinic, the Records Holding Area located in Richland, WA, and the Federal Records Center located in Seattle, WA. DOE's expectation is that when the transition is complete, the Government-Furnished MIE EHR will be the official electronic health record for the Hanford Site.
- (c) The Contractor shall use the Government-Furnished EHR system and manage clinical specific configuration of the EHR within the constraints of the system.
- (d) The EHR system is a comprehensive computerized system to utilize IT to organize and record medical examination processes and file the resulting medical records. This system will also enable the Contractor to easily retrieve and perform analysis on the data for such purposes as epidemiological research and preparation of custom designed reports.

- (e) The Employee Job Task Analysis (EJTA) is a function within the EHR. The EJTA is used to document workers' essential job functions, physical job requirements, medical qualifications, potential exposures, etc. The EJTA's will be prepared by DOE, OHCs, and the workforce and be provided to the Contractor for processing to determine medical programs using the Risk Management Medical Surveillance (RMMS). EJTA is a name given to a function/process/software used to help comply with 10 CFR 851 requirements using the RMMS. The RMMS is a Hanford developed software system that analyzes EJTA data and assigns medical monitoring and qualification requirements.
- (f) The Contractor has responsibility to maintain active and legacy medical records (hard copy and digital).
- (g) The Contractor shall:
- Operate and maintain a central Work Restriction Registry for documenting worker restrictions and communication of work restrictions to Site employers (see Section J Attachment entitled, *Government-Furnished Services/Information*).
  - Provide support to DOE and OHCs through the collection and analysis, when requested, of employee health data for the purpose of early detection and prevention of occupational and non-occupational illnesses and injuries, thereby reducing morbidity and mortality.
  - Maintain accurate and complete medical records for the Site workforce on behalf of DOE. The medical records shall document histories obtained, evaluations, first aid provided, and tests performed, including laboratory and clinic tests, exams, surveillance protocols, and qualification tests. The medical records of the Hanford workforce shall reside on a Government-Furnished EHR system.
  - Ensure that information contained in the employee medical record is sufficient to provide data for use in job placement, health maintenance, evaluation, first aid, and rehabilitation of occupationally-related conditions, and epidemiological studies and to help DOE and Site Contractor management with program evaluation and improvement.
  - Ensure that employees have access to their medical records upon receipt of a signed release by the employee or by their designee or third party with a notarized designation.
  - Ensure that medical records (hard copy or electronic) are available for review. To include additional medical information provided by the employee from their private doctors or other medical facilities. It is projected that the Contractor will digitize employee provided documentation at approximately 200 pages per month.
  - Create a new medical record for individuals receiving care. However, a few specific circumstances may arise for categories of individuals or services where a new medical record is not required (e.g., persons likely to receive a one-time minimal service, such as an influenza vaccine). Before establishing categories of this type, permission shall be obtained from the DOE CO. In all cases, even when there is no medical record, documentation of services shall be maintained in a retrievable format.
  - Vital records are required to meet CRD O 243.1B Chg. 1 entitled, *Records Management Program*.

- Medical records (both hard copy and electronic) developed during past contract years will be transferred to the new Contractor and will be subject to DEAR 970.5204-3 entitled, *Access to and Ownership of Records*. All medical records (both hard copy and electronic) remain the property of the Government.
- Provide timely, accurate, and complete responses to Release of Information requests by DOE to comply with FOIA, Privacy Act, and other requirements.

#### **C.3.2.5.2 Strategic Planning, Governance, Enterprise Architecture, and Program Management**

The primary goal of the Strategic Planning, Governance, Enterprise Architecture, and Program Management scope of work is to enable the successful execution of the Hanford mission and associated activities by providing effective, efficient, and innovative Information Management (IM) and IT, maintenance of Hanford Site technical data in support of regulatory decision-making, and long-term stewardship. The Contractor shall participate in a Governance Advisory Board (Board) composed of key Contractor and federal senior IT managers and stakeholders. The Board will provide policy guidance, advice, and assistance in the definition, design, and implementation for the IT Program. In addition, the Board serves as the core group providing advocacy for IT services and infrastructure business and technology across the Hanford Site. The governance function will work to foster full integration between the Hanford Enterprise Architecture (EA) and Capital Planning and Investment Control (CPIC) processes, including strategic planning, investment management, and portfolio management. The Governance entity serves as the focal point for the development and coordination of Hanford Sitewide policy and guidance, including standards and best practices for IT services and infrastructure. This team is responsible for establishing common terminology definitions and frameworks, including policies, standards, processes, and procedures. Unless otherwise noted or directed, IT deliverables from the Contractor should be mature and actionable packages, which are subject to review by the Board and final approval by the Hanford Federal Chief Information Officer.

- IM Capital Planning – CPIC is an IM process to ensure that IM resources are used effectively and efficiently. The process aligns IM plans with DOE’s strategic vision and mission requirements to ensure that managers have accurate and meaningful information for IM decision making. This includes the utilization of risk management plans, critical information on a proposed IM investment’s overall value to the organization, the return on the investment, and measures of performance. The general coordination and management of CPIC is handled through DOE or a separate DOE integration agent. The Contractor shall execute this Contract in accordance with the Office of Management and Budget Circular No. A-130 entitled, Management of Federal Information Resources, and provide detailed input into the ongoing CPIC process, including but not limited to, IT investment cost, schedule, and risk. This also includes responding to occasional data calls for more detailed IT investment and performance information.
- IM Strategic Planning and Architecture – IM Strategic Planning and EA are handled through DOE or a separate DOE integration agent. The Contractor’s participation in the Board will sufficiently engage them in Strategic Planning and EA.
- Site Standards – Site IM Standards are managed through DOE or a separate DOE integration agent via the Board. The Contractor will adhere to established Site IM standards.

#### **C.3.2.5.3 Information Management Technical**

- (a) IM – To include traditional IT, records, and other associated areas is vital to successful accomplishment of the mission. The Hanford Site has a robust set of IM programs, provided and overseen through DOE. The Contractor is not expected to be an expert in IT, as many of the

necessary systems and services are provided. Where there are areas of IM scope that are applicable to the Contractor, they are noted below. More detailed information on the IM products and services can be found in Section J, Attachment J-3.

- (b) Cyber Security – In accordance with applicable clauses in Section H and Supplemental CRDs (such as, DOE CRD 205.1B), the Contractor is responsible for ensuring the confidentiality, integrity, and availability of any information or information systems under its purview. Many of these cyber security services may be provided via Section J, Attachment J-3.
- (c) Business Management Systems – The Business Management System (BMS) is a collection of various enterprise IM investments that provide core business functions such as Enterprise Resource Planning (ERP), Business Intelligence, and other related functions. BMS is managed through DOE or a separate DOE integration agent. In accordance with the business and mission requirements outlined in this and other sections of the Contract (e.g., Section H clause DOE-H-2022 entitled, *Contractor Business Systems*), the Contractor shall utilize BMS information systems and services, as necessary and sufficient, to support ERP and other business functions.
- (d) Occupational Health Website – The Contractor shall update and maintain the content for an Occupational Health website to provide health information to the workforce and obtain customer (Site workforce) satisfaction feedback. The web-hosting services are managed via Section J, Attachment J-3.
- (e) Infrastructure – Systems brought to the Contract by the Contractor shall be compatible with the systems utilized by DOE.
- (f) Industrial Control Systems (ICS)/Supervisory Control and Data Acquisition (SCADA) systems – The Contractor shall comprehensively identify its SCADA/ICS and feed this information into the Business Impact Assessment process conducted by DOE or DOE integration agents. The Contractor shall extend and integrate IT practices, programs, procedures, and requirements (engineering, configuration management, governance, architecture, cyber security, etc.) to its SCADA/ICS. Specialized cyber engineering services are available through Section J, Attachment J-3.
- (g) Software distribution and license management – The Contractor will have access to DOE or DOE integrator agent managed software assets covering many common business and mission needs. More details can be found in Section J, Attachment J-3 and Section J Attachment entitled, *Government-Furnished Services/Information*.

#### **C.3.2.6 Interactions**

##### **C.3.2.6.1 External Affairs**

- (a) External Affairs includes information and involvement programs to reach diverse external parties interested in the Hanford Site (e.g., Tribal Nations, stakeholders, news media, elected officials and their staff, local community officials, and the public) with the status, challenges, and objectives of the cleanup work.
- (b) For external constituencies, the Contractor shall anticipate specific areas of concern, interest, or controversy, and employ appropriate communication strategies that inform and involve, ensuring close coordination with DOE Communications personnel throughout. DOE retains the primary role in directing the timing, substance and form of public information and must approve products and outreach.

The desired outcome is a wide-ranging and inclusive External Affairs/Public Relations program that provides timely responses to DOE requests for information and assistance, outreach to keep external constituencies informed about work under the contract, an effective Hanford website, and integrated and effective Site tour planning.

(c) The Contractor shall:

- Submit an External Affairs Program Description for DOE approval within 30 days after NTP that provides a comprehensive description of the External Affairs Program, staffing, products and services, with an emphasis on innovative approaches to communications.
- Provide timely, accurate, and complete responses to information requested by DOE to comply with FOIA and Privacy Act requirements.
- Develop, plan, and coordinate proactive approaches to dissemination of timely information regarding DOE unclassified activities. Proactive communications or Public Affairs Programs will include or make use of a variety of tools including, open houses, newsletters, press releases and/or conferences, audio/visual presentations, speeches, forums, and tours. The Contractor shall implement this responsibility through coordination with DOE in such a manner that the public, whether it is the media, citizen's groups, private citizens or local, state or federal government officials, has a clear understanding of DOE activities at the Hanford Site.
- Maintain effective interactions with local, regional, national and international news media. Provide information and/or resources as requested in support of DOE media interactions.
- Inform and involve the public, citizen's advisory boards, and other interested parties in proposed plans and activities. Provide strategy and resources for required public comment and outreach processes related to upcoming decision-making (e.g., National Environmental Policy Act of 1969 and Comprehensive Environmental Response, Compensation, and Liability Act of 1980).
- Reach out to the communities affected by the Hanford Site to provide information, answer questions, and gain feedback, when requested by DOE.
- Participate in tour planning and preparation, and make facilities and personnel available as requested by DOE. Visits to the project Sites shall be part of ongoing communication and outreach activities.
- Provide the Contractor listed in Section J, Attachment J-3 with current information related to the Contract scope to assist in maintaining the external Hanford Site website.
- Participate in meetings and briefings to update interested external parties on Contract activities, when requested by DOE.
- Provide ongoing support to DOE in the preparation of communication materials, such as presentations, fact sheets, specialized graphics and charts, large posters, and up-to-date photography.
- Coordinate internal employee communication products through DOE for review and approval, if they are related to issues/incidents that have the potential to garner external media and stakeholder interest.
- Receive DOE approval prior to externally releasing information related to the Hanford Site.

**C.3.2.6.2 External Review and Support**

- (a) External review and support to DOE involves providing support during audits and assessments by the following entities having oversight responsibility for DOE and its Contractors:
- GAO;
  - Office of Inspector General (OIG); and
  - Other Government and DOE oversight and organizations.
- (b) The Contractor shall support DOE and the Contractor listed in Section J, Attachment J-3 in hosting staff from auditing and assessing organizations, providing required presentations, responding to information requests, and by providing required SMEs to respond to questions and information requests.
- (c) The Contractor shall:
- Support GAO, OIG, and other Government and DOE oversight activities by:
    - Providing subject matter expertise.
    - Cooperating with assessors and auditors, and providing access to work areas, personnel, and information.
    - Providing support during audits and assessments, including delivering information within a specified time, arranging briefings, preparing presentation materials, maintaining a record of documents provided in response to requests, and making this record available to DOE as requested.
  - Provide support as appropriate for each of the following: OIG, GAO, and other assessing Government and DOE oversight organizations (including the DOE Office of Enforcement).

**C.3.2.7 Hanford Site Interface Management**

- (a) Interface Management is a key Site function for the effective and efficient delivery of services between Contractors on the Hanford Site. It is also an integral part of resolving issues from detailed field operations to establishing high level policy between senior Contractor management. Interface Management success is defined by the results that stem from two or more organizations working together to develop solutions within the parameters of their contracts. The role of Interface Management is to solve issues in the best interest of the Government at the lowest level possible in the respective organizations.
- (b) The Contractor shall adopt existing interface agreements, processes, and Site work schedules as related to Section J, Attachment J-3. Changes to those agreements, processes, and work schedules as related to interface management shall be executed in accordance with this section C and Section H clause entitled, *Hanford Site Services and Interface Requirements Matrix*.
- (c) The Contractor shall participate in developing a Hanford Site interface governance policy to be signed by all Hanford Site Contractors. The policy outlines the interface management documents and business structure, including change control processes and hours supported by Section J, Attachment J-3, direct funded services, to be used in executing the hundreds of work transactions which take place daily between the various Hanford Site Contractors. The Hanford Site interface governance policy also helps to illustrate the different interface types and processes for managing

these inter-contractor transactions, including Service Delivery Documents, Memorandums of Agreement, Administrative Interface Agreements, Interface Control Documents (ICD), and WTP-ICDs.

- (d) The Contractor and OHCs shall make every effort to improve mutual understanding and cooperation and to seek resolutions in the best interest of the Government and Hanford Site mission completion, as opposed to an individual Contractor's best interest.
- (e) The Contractor shall appropriately document, execute, and manage interfaces and agreements made with OHC's, DOE, and other Site users in accordance with Section J, Attachment J-3, Section H clause entitled, *Hanford Site Services and Interface Requirements Matrix*, and other documented interfaces. Interface agreements shall detail the requirements of the interface including; boundaries and constraints, standard and special service circumstances as well as any nuclear safety, quality assurance and control, health, safety, Site access, schedule concerns, and/or environmental protection requirements.
- (f) The Contractor shall provide input to the Contractor listed in Section J, Attachment J-3 to support development and maintenance of the interface management processes and storage of the interface agreements.
- (g) The Contractor shall provide input to the Contractor listed in Section J, Attachment J-3 to support the development of periodic updates to the *Hanford Site Services and Interface Requirements Matrix*. The Contractor listed in Section J, Attachment J-3 is responsible for submitting the *Hanford Site Services and Interface Requirements Matrix* to DOE. The Contractor shall concur on any changes to the matrix prior to the Contractor's, listed in Section J, Attachment J-3, submittal to DOE.
- (h) Within six months of completion of transition of the last Contractor identified in Section J, Attachment J-3 the Contractor shall participate in a review of the *Hanford Site Services and Interface Requirements Matrix*, which shall be led by the Contractor listed in Section J, Attachment J-3, with cooperation and participation of the OHCs. Proposed and agreed upon changes to the *Hanford Site Services and Interface Requirements Matrix* will be submitted, by the Contractor listed in Section J, Attachment J-3 to DOE for incorporation into Hanford Site contracts.
- (i) The Contractor shall participate in the Sitewide Contractor Leadership Council (CLC) and Contractor Interface Board (CIB) to improve overall delivery of effective accomplishment of the Hanford Site mission. The council is comprised of Hanford Site Contractor Presidents, with participation from DOE Field Offices' Representatives. Hanford Site Contractors shall attempt to resolve interface issues through the CIB prior to escalating an issue to DOE.
- (j) The ISAP and Facility Master Plans incorporate a strategic vision and describe the activities necessary to integrate the Contractor's, listed in Section J, Attachment J-3, responsibilities with those of OHCs, to right-size the infrastructure and services, and to maintain the capacity of infrastructure systems provided for the Hanford Site over its life cycle. The ISAP identifies opportunities to re-engineer or replace systems as necessary in a timely and coordinated fashion. The ISAP includes an approach for taking advantage of new technologies and business practices that make good business sense from a cost and schedule perspective.
- (k) The Contractor shall provide input to the annual update of the ISAP. The Contractor, listed in Section J, Attachment J-3, will develop, maintain, and update the master ISAP, and submit the ISAP on an annual basis to DOE for approval. The Contractor shall concur or non-concur on the ISAP prior to the Contractor's, listed in Section J, Attachment J-3, submittal to DOE.



- (l) The Contractor shall provide input to the projection of needed utilities, services, and infrastructure through the Facility Master Plans, or as requested.

**C.3.2.7.1 Occupational Medical Interface Management**

- (a) Interface Management is a key Site function for the effective and efficient delivery of occupational medical services and assists in managing in-and-out-bound service requirements between the Contractor and OHCs and is an integral part of resolving issues. The role of Interface Management is to solve complex and diverse issues at the lowest level in the respective organizations to maximize efficiency, worker productivity, and ultimately the safety and health of the workforce with respect to occupational medical services and delivery.
- (b) The Contractor shall proactively engage with the OHCs, workforce, and DOE to assure the safety and health of the workforce, avoid misunderstanding and miscommunication associated with services and support, and effectively anticipate emerging issues and trends related to occupational health.
- (c) The Contractor shall utilize available management tools and best industry practices to execute an agile and effective occupational medical services Interface Management function.
- (d) The Contractor shall forecast, trend, adapt, and re-align to meet the changing business, policy, and other environments and DOE decisions (e.g., actions from third-party assessments, commitments with stakeholders, etc.). This includes being flexible and acting as a cultural change agent for DOE at Hanford.

**C.3.2.7.2 Site Integration**

- (a) The Contractor shall support the Contractor listed in Section J, Attachment J-3, who is the integrator, to participate in and support the implementation of the governance policy, develop forward-looking forecasts as requested, identify longstanding or emerging cross-cutting issues that affect efficient Hanford Site operations, provide recommendations for improvement, and resolve cross-cutting issues. The Contractor shall participate in the CLC, and support the Contractor listed in Section J, Attachment J-3, who is the lead, in crosscutting inter-contract Site integration opportunities (i.e., business systems, training), and DOE directed integration initiatives.
- (b) The Contractor shall, as the occupational medical service provider, demonstrate effective Hanford Site Integration, including, but not limited to, providing recommendations for improvement and proactively engaging at all levels to resolve issues and concerns of OHCs and the workforce as it relates to occupational medical issues (i.e., workforce and stakeholder concerns with chemical, physical, biological, and ergonomic hazards). The Contractor shall consider the impacts and concerns and provide recommendations internally, to the OHCs, and/or to DOE for corrective actions, work process modifications, updates to EJTAs, or preventative measures as appropriate to provide for the safety and health of the workforce.
- (c) The requirement for this scope of work is an effective Interface Management function that results in an open, collaborative, and effective partnership, which enables the anticipation and/or identification and timely resolution of issues that potentially impact all or a considerable portion of the Hanford workforce.

**C.3.2.7.2.1 Interface Support to DOE and Hanford Site Contractors**

- (a) The Contractor shall establish regular and collaborative interactions with OHCs, Site workforce, and other stakeholders as appropriate (i.e., community partners, local hospitals, etc.). Such interactions should include, but not be limited to, meetings, lectures, worksite visits, or open door onsite times for meetings with the Site workforce.

- (b) The Contractor shall make OccMed integrator decisions that are in the best interest of the Government and the safety and health of the workforce, without regard to individual Contractor operating interests in order to be a trusted agent and transparent with its customers to include the OHCs, workforce, and DOE.

#### **C.3.2.7.3      *Risk Communication***

The Contractor shall provide risk communication support that demonstrates responsiveness to mission needs and provides for effective implementation or actions to address concerns of and/or increase knowledge of the workforce. The Contractor shall engage and interface with other stakeholders including DOE, OHCs, workforce, community, and local medical societies.

##### **C.3.2.7.3.1      *Risk Awareness and Education***

The Contractor shall, at a minimum, raise awareness of the occupational medical services; medical programs and testing; signs, symptoms, and treatment for things such as Be, CBD, and relative attributes of Sarcoidosis as compared to CBD.

#### **C.3.2.7.4      *Field/Facility Worksite Visits***

- (a) The Contractor shall ensure that occupational health providers, including the SOMD, all physicians, Risk Communicator, and mid-level practitioners are familiar with employee job tasks, worksite environments, and existing or potential health hazards. Familiarization and assessment of accuracy shall be accomplished by reviews of EJTA's, interviews with workers and supervisors, and personal visits to worksites and facilities.
- (b) The information obtained from these interviews and visits may form the basis for recommendations to OHCs and/or DOE for corrective actions, work process modifications, updates to EJTA's, or preventive measures.

##### **C.3.2.7.4.1      *Worksite Visit Preparation***

- (a) The Contractor shall ensure that visits, when appropriate, are coordinated with IH, health physics, and safety personnel and management, and should include a review of materials, processes, and procedures used with emphasis on chemical, physical (including ionizing radiation), biological, and ergonomic hazards.
- (b) The Contractor shall ensure that visiting personnel have appropriate clearances when visiting facilities that require clearances and will coordinate with the host organization to ensure that proper PPE is provided to visiting personnel during worksite visits. Such equipment is provided at the expense of the host organization.

##### **C.3.2.7.4.2      *Worksite Visits***

The Contractor shall ensure that worksite visits are conducted at least once a month by each occupational health provider described above, who shall document the results of the visit on a Report of a Facility/Site Visit Form, and distribute with a copy provided to the representative of the host organization.

#### **C.3.2.8      *Security and Emergency Services***

##### **C.3.2.8.1      *Safeguards and Security Management***

###### **C.3.2.8.1.1      *Safeguards and Security Program Management***

- (a) The Contractor shall coordinate and interface with the Contractor listed in Section J, Attachment J-3 and its subcontractors who provide SAS services (e.g., Hanford Site access control, security police officers, vulnerability analysis, etc.).
- (b) The Contractor shall perform the following SAS program management functions.

**C.3.2.8.1.2 SAS Program Planning, Oversight, and Administration**

- (a) The Contractor shall identify and coordinate their SAS operational planning activities with the Contractor listed in Section J, Attachment J-3, operational planning activities on a Hanford Sitewide basis.
- (b) The Contractor shall provide SAS technical, cost, and schedule performance information to the Contractor listed in Section J, Attachment J-3.

**C.3.2.8.1.3 Security Conditions**

- (a) The Contractor shall conform to and comply with the DOE security conditions system.
- (b) The Contractor shall comply with any protective measure requirements that may be implemented in the event of a crisis or emergency and/or in response to a malevolent or terrorist threat to any or all DOE facilities, assets, and personnel.

**C.3.2.8.1.4 Site Safeguards and Security Plan and Other SAS Plans**

The Contractor shall provide information to the Contractor listed in Section J, Attachment J-3 in support of maintaining the Hanford Site Safeguards and Security Plan and other SAS plans.

**C.3.2.8.1.5 Vulnerability Assessments**

The Contractor shall provide the necessary operational and technical expertise in support of the preparation of vulnerability assessments, security analyses, and special SAS studies and evaluations as identified by the Contractor listed in Section J, Attachment J-3 for the Hanford Site.

**C.3.2.8.1.6 Design Basis Threat**

The Contractor shall implement SAS actions, procedures, and/or processes as assigned by DOE that are necessary to comply with DOE Design Basis Treat (DBT) requirements. Overall DBT implementation actions and/or plans shall be consolidated and prepared by the Contractor listed in Section J, Attachment J-3 and approved by DOE.

**C.3.2.8.1.7 Performance Assurance**

The Contractor shall provide information to the Contractor listed in Section J, Attachment J-3 to support preparation of the Hanford Sitewide Performance Assurance Program Plan.

**C.3.2.8.1.8 Surveys, Reviews, and Assessments**

The Contractor shall provide operational and technical expertise, when requested, to support SAS surveys, reviews, assessments, and/or SAS performance tests (for example, force-on-force exercises) that are conducted by the Contractor listed in Section J, Attachment J-3 and/or DOE for SAS program elements.

**C.3.2.8.1.9 Facility Clearance and Registration**

The Contractor shall submit required information to the Contractor listed in Section J, Attachment J-3 for facility clearance and registration actions.

**C.3.2.8.1.10 SAS Training**

The Contractor shall identify SAS training needs for internal staff and shall arrange, fund, and schedule training in accordance with applicable requirements.

**C.3.2.8.1.11 SAS Awareness**

- (a) The Contractor shall comply with the requirements of the Hanford Security Awareness Program.
- (b) The Contractor shall maintain awareness of Hanford Sitewide security issues/topics and incorporate them into the Contractor's internal practices and procedures, as appropriate.

- (c) The Contractor shall implement supplementary SAS awareness activities and/or briefings (e.g., at staff and safety meetings across the Hanford Site) in coordination with Sitewide policies.

**C.3.2.8.1.12      *Classified Visits***

The Contractor shall submit required information to the Contractor listed in Section J, Attachment J-3 for Classified visits. No classified visits are expected during the execution of the Contract. Should the need arise for a classified visit, the Contractor shall coordinate with the Contractor listed in Section J, Attachment J-3.

**C.3.2.8.1.13      *Equivalencies and Exemptions***

- (a) The Contractor shall identify, evaluate, and submit equivalencies and exemptions to SAS requirements to DOE.
- (b) The Contractor shall coordinate with the Contractor listed in Section J, Attachment J-3 prior to submitting equivalencies and exemptions to DOE. Equivalency and exemption requests shall be applicable and unique to the project/program scopes of work, shall be cost-effective, shall ensure appropriate levels of security where necessary, and shall be submitted only when other means compliant with requirements would not meet DOE SAS program objectives.

**C.3.2.8.1.14      *Incidents of Security Concern***

- (a) The Contractor shall develop and implement procedures and processes consistent with DOE requirements for addressing incidents of security concern.
- (b) The Contractor shall provide information and facility access to the Contractor listed in Section J, Attachment J-3 for investigation of security incidents. The Contractor shall develop and implement corrective actions. The Contractor shall provide information to the Contractor listed in Section J, Attachment J-3 to support administration of the Hanford Site Security Infraction Program.

**C.3.2.8.2          *Physical Security***

- (a) The Contractor shall comply with the Contractor listed in Section J, Attachment J-3, security plans and DOE security plans/requirements.
- (b) The Contractor shall support the Contractor listed in Section J, Attachment J-3 in development or updating facility asset protection agreements for other Section J, Attachment J-3 Contractor facilities and shall conduct operations consistent with the agreements.
- (c) The Contractor shall submit, through the Contractor listed in Section J, Attachment J-3, for DOE review and approval any SAS arrangements or changes prior to operations commencing, or changing operations, or configurations that might alter the performance of existing SAS systems (e.g., limited/protected area boundaries, physical security configurations and associated hardware [sensors/cameras], patrol coverage and responses, safeguards methods or boundaries, entry/access control systems/procedures).
- (d) The Contractor is responsible for facility security costs, including capital investments and maintenance, except for sensors or equipment that is a component of a security system (for example, a communication cable from a sensor to a central processing unit). The Contractor listed in Section J, Attachment J-3 is responsible for security system-specific costs.

**C.3.2.8.2.1        *Protective Forces***

- (a) The Protective Forces function is comprised of select security elements (e.g., armed personnel, specialized equipment, and tactical procedures) associated with physically protecting people and property on the Hanford Site. The Contractor listed in Section J, Attachment J-3 is responsible for the

protective forces activities; however, there are many areas of facility operations management that interweave. The Protective Forces function serves DOE, OHCs, and, in particular, facilities possessing critical SAS interests (for example, special nuclear material [SNM]).

- (b) The Contractor shall support and integrate operational/business activities in conjunction with the Contractor listed in Section J, Attachment J-3, Protective Forces in use at Hanford for the physical protection of SNM, classified materials, industrial assets, and mitigation and deterrence of radiological and toxicological sabotage events.
- (c) The Contractor shall manage their activities consistent with DOE approved risk and vulnerability assessments, the Hanford Site Security Plan, and other security plans and facility asset protection requirements coordinated by the Contractor listed in Section J, Attachment J-3 that involve the use of Protective Forces.

**C.3.2.8.2.2 Information Security**

- (a) The Information Security program encompasses the identification and protection of sensitive and classified information and matter. The scope shall include, but is not limited to, Classification, Classified Matter Protection and Control, Sensitive Information Management (for example, Official Use Only [OUO]), and Operations Security (OPSEC).
- (b) The Contractor shall perform the following information security functions:
  - (1) Operations Security:
    - Participate in and support Hanford Sitewide OPSEC Working and Awareness group and perform the necessary management and support functions required for an effective OPSEC program.
    - Provide support to the Contractor listed in Section J, Attachment J-3, OPSEC assessments of the Hanford Site facilities having Category I SNM, and OPSEC reviews of Hanford Site facilities that have the potential to process or store classified or sensitive information.
    - Support the annual Site OPSEC threat assessment and preparation of the annual OPSEC plan.
  - (2) Classified Matter Protection and Control, Classification and Unclassified Controlled Nuclear Information Program:
    - Manage and implement a Program consistent with the common Hanford Sitewide Programs. For additional information on the Hanford Sitewide Programs, see the Contractor listed in Section J, Attachment J-3.
    - Should the need arise to access classified matter, the Contractor shall coordinate with the Contractor listed in Section J, Attachment J-3.
  - (4) OUO:
    - Manage and implement an OUO information program consistent with the common Hanford Sitewide OUO information program policies including the following:
      - Provide OUO training and awareness for all staff; and
      - Review internal documents released to the public or assigned a formal document number for OUO content.

(5) Critical Infrastructure:

- Protect information systems critical to the Hanford Site mission from internal and external threats in conjunction with the Contractor listed in Section J, Attachment J-3 and SAS program.

**C.3.2.9 Personnel Security**

(a) The Personnel Security function for Hanford involves processing requests for employee security clearances and non-cleared Homeland Security Presidential Directive (HSPD)-12 credentials, enrollment and maintenance of employees in the HRP, and numerous foreign national visits and assignments. The Contractor listed in Section J, Attachment J-3 manages and conducts a centralized Personnel Security program for the Hanford Site on behalf of DOE.

(b) The Contractor shall perform the following personnel security functions:

(1) Badging and Access Authorization (Clearance) Processing:

- If required, request and obtain personnel security clearances and badges, including “Special Access” (for example, SIGMA) from the Contractor listed in Section J, Attachment J-3. The Contractor shall support the Contractor listed in Section J, Attachment J-3 in downgrading and terminating clearances as required.
- Support the Contractor, listed in Section J, Attachment J-3 processes for obtaining security badges, keys, proximity cards, etc., from terminating employees and removing such individuals from automated access control systems.
- Provide pre-employment/pre-clearance suitability investigations information to the Contractor listed in Section J, Attachment J-3 for prospective and current employees.

(2) Human Reliability Program:

- Perform the medical assessments as described in 10 CFR 712.14 entitled, *Human Reliability Program*, and complete requirements listed in Subpart B – *Medical Standards*.
- Interface and provide drug testing, medical assessments, drug testing results, and psychologist testing results to the Contractor listed in Section J, Attachment J-3.

(3) Unclassified Foreign National Visits and Assignments:

- Notify the Contractor listed in Section J, Attachment J-3 of potential foreign visitors or employees, and prepare and submit security plans to the Contractor listed in Section J, Attachment J-3 for foreign national visitors to the Hanford Site before approval of the visit/assignment.
- Require Foreign National Visits and Assignments training for Contractor personnel who host foreign nationals for visits and/or assignments.
- Conduct the Foreign National Visits and Assignments in compliance with approved security plans.
- Submit a list of authorized delegates with authority to approve unclassified foreign visits and assignments.

(4) Foreign Travel:

- Administer official foreign travel in accordance with the most current CRD for official foreign travel, including submittal of projections of potential foreign travel, and all official foreign travel request packages to DOE for review and subsequent submittal to DOE-HQ for approval in accordance with established timeframes, prior to any official foreign travel.

(5) Telecommunications:

- Comply with Hanford Site procedures and policies regarding activities involving Communications Security, protected distribution systems, and TEMPEST/Transmission Security programs of Telecommunications Security.

**C.3.2.10      Emergency Services**

**C.3.2.10.1      Fire Services**

- (a) The Contractor listed in Section J, Attachment J-3 manages and conducts Fire Services for the Hanford Site, to include the 200 West Area Clinic. This includes wild land fire, structural fire, and ambulance emergency response. Also included are activities such as hazardous material and chemical/biological/radiological emergency response, pre-fire planning, Sitewide respiratory protection services, and the testing and maintenance of life safety fire protection systems in designated facilities.
- (b) The Contractor shall support facility access to the Contractor listed in Section J, Attachment J-3 fire services personnel, and notify the Hanford Fire Department of work activities, events, and incidents that may require Fire Services involvement and/or response (e.g., medical assistance, hazardous or radiological emergency help, etc.).
- (c) Fire services for the main clinic located in the Richland, WA area will be provided by the City of Richland, WA or other designated organization.

**C.3.2.11      Emergency Operations**

**C.3.2.11.1      Emergency and Disaster Preparedness**

- (a) The Contractor shall support the Hanford Site Integrated Emergency and Disaster Preparedness Planning. The SOMD is responsible for planning the management and implementation of the medical portion of the Site Emergency and Disaster Plan (DOE/RL-94-02, entitled, *Hanford Emergency Management Plan*). The medical portion shall be closely integrated with, and made a part of, the overall Site Emergency and Disaster Preparedness Plan.
- (b) The Contractor shall support emergency and disaster preparedness pre-planning and response requirements. The Contractor shall assist DOE to ensure that the medical portion of the Site emergency and disaster response capability is adequate to meet the type and severity of accidents and trauma dictated by the character and history of plant operations and conditions, including pre-planning and pre-arrangements to:
- Ensure onsite capabilities for medical aid and triage, which shall include onsite capability for cardiopulmonary resuscitation, cardiac defibrillation, and advanced cardiac life support.
  - Provide services of medical specialists and consultants.
  - Provide medical aid coverage during evacuation operations from facilities and the Site.
  - Communicate with the DOE EOC for the coordination of fire and rescue units, hospitals and hospital teams, and local and state police.

- Ensure that EP and response support are overseen by a licensed physician. In this context, the phrase “overseen by a licensed physician” means that a licensed physician actively participates and has ultimate responsibility for the rendering of the Contractor’s EP and response support from a Site occupational medical standpoint.

**C.3.2.11.1.1 Response Support**

- (a) The Contractor shall provide emergency response support (e.g., participate in Site exercises and drills, participate in Sitewide EP planning, and establish working relationships/memoranda of agreements with other Site emergency service providers, such as Hanford Fire Department, local hospitals, Hanford Patrol and others as needed).
- (b) Serve as a member of appropriate emergency response teams in accordance with DOE/RL-94-02 entitled, *Hanford Emergency Management Plan*, and DOE-0223 entitled, *Emergency Preparedness Program Requirements*.

**C.3.2.11.1.2 Preparedness Support**

The Contractor shall support the integration of community emergency and Hanford Site disaster plans. The occupational medical portion of the Site emergency and disaster plan is integrated with surrounding community emergency and disaster plans to the extent consistent with the development of a mutual aid and assistance capability. The Contractor shall integrate with the local community. The SOMD shall advise DOE of the actions needed to manage the integration of Hanford occupational medical emergency and disaster planning with the surrounding communities’ plans. Integration with local hospitals will be required in these activities.

**C.3.2.11.1.3 Radiation Exposure Injuries**

- (a) The Contractor shall support DOE in the arrangement of hospital care, which shall include the capability to evaluate and treat injuries resulting from exposure to radiation, including internal and external contamination, as appropriate.
- (b) Immediately inform the CO and Contracting Officer Representative (COR) or designated representative in cases of emergency involving exposures or hazards that appear to be dangerous to health or life, and provide recommendations to alleviate the emergency conditions.

**C.3.2.11.1.4 Toxic Material Injuries**

- (a) The Contractor shall support DOE in the arrangement of hospital care, which shall include the capability to evaluate and treat injuries resulting from exposure to toxic materials, including internal and external contamination, as appropriate.
- (b) Immediately inform the CO and COR or designated representative in cases of emergency involving exposures or hazards that appear to be dangerous to health or life, and provide recommendations to alleviate the emergency conditions.

**C.3.2.11.1.5 Emergency Operations Center Services**

Provide services, as required, in the Emergency Operations Center (EOC) currently located in the Richland Federal Building, at local hospitals, in the Contractor's main clinic, or at other locations as specified by the Government. In addition to emergencies, this service includes participation in planning, training, drills, and exercises.

**C.3.3 Cost Reimbursement Occupational Medical Support Services**

**C.3.3.1 Additional OccMed Site Services**

**C.3.3.1.1 Laboratory and Other Medical Services**



Clinical laboratory analysis requiring the use of outside laboratories shall be reimbursable. For example, this includes a Beryllium Lymphocyte Proliferation Test or blood analysis when performed by an outside laboratory.

Specifically for Be exposure (Be sensitization and CBD), all medical services including prescriptions requiring an outside clinic are reimbursable.

Specifically for drug and alcohol testing requiring the use of an outside laboratory and clinic, laboratory analysis and collection are reimbursable.

Services requiring an outside laboratory or clinic are only used in instances when performance cannot be reasonably performed at the contract place of performance (for example, outside of the Tri-Cities, WA), and post-accident and reasonable suspicion for cause outside of hours of service as specified in Section F clause entitled, *Hours of Service*. This does not include observation or analysis that is typically performed by an in-house attending health care provider or in-house technician.

#### **C.3.3.1.2 Vaccine Services**

The Contractor shall provide vaccine services (serum with inoculation service) beyond a base service level of 5,000 influenza shots annually. Vaccine related services may be applicable to a large influenza outbreak and other epidemic situations.

#### **C.3.3.1.3 Travel Services**

The Contractor shall provide support services to OHCs and DOE workforce for official travel to include:

- Traveler briefings with up to date information on destination environmental issues and infectious outbreaks in accordance with Center for Disease Control (CDC) guidelines (see [www.cdc.gov/travel](http://www.cdc.gov/travel)). Other resources may be used, such as Travax, as long as CDC travel guidelines are followed.
- Travel related medical reviews prior to authorization of overseas travel include identifying the need for vaccinations (for example, yellow fever), providing standard immunizations (e.g., tetanus-diphtheria, polio, measles/mumps/rubella, hepatitis A, and hepatitis B), reviewing and evaluating pre-existing medical conditions, personal medications, and destination medical capabilities.
- Travel packets to employees traveling to overseas sites, in accordance with CDC guidelines (see [www.cdc.gov/travel](http://www.cdc.gov/travel)), containing some basic medical supplies such as Tylenol®, Band-Aids®, non-adhesive bandages, gauze pads, antibiotic ointment, anti-diarrhea medication, anti-pruritic cream, antihistamine, throat lozenges, cold relief tablets, anti-motion sickness medication, and antacids.
- Prescriptions for malaria medications for travel to those countries where the CDC recommends malaria prophylaxis. Physicians shall discuss the need for malaria prophylaxis individually with the traveler and prescribe the most appropriate anti-malarial medication.
- Information on other aspects of travel related medical concerns, such as jet lag, stress, travelers' diarrhea, motion sickness, hypoxia, high altitude illness, decompression illness, and blood clots.

#### **C.3.3.1.4 X-Ray Readings Reimbursable**

The Contractor shall ensure that x-rays are read by an American Board Certified Radiologist and chest x-rays are read by "B" readers in compliance with OSHA standards and 10 CFR 850. The Contractor shall

ensure that medical digital x-ray or other media used and written reports are delivered (consistent with Section C entitled, *Other Direct Costs*) to the clinic and become property of the Government.

### **C.3.3.2 OccMed Equipment**

#### **C.3.3.2.1 Equipment Procurement and Upgrades**

The Contractor shall supply medical and IT equipment and upgrades, necessary for Contract performance. Purchases and upgrades over \$5,000 not annotated in the approved AEP, or not available through the Section J, Attachment J-3, must be approved in advance by the CO. Equipment purchases and upgrades do not include routine medical supplies nor consumables (e.g., bandages, disinfectant, splints, peripherals that do not store, or process federal information such as keyboards, mice, monitors, batteries etc.), which shall be included in the Contractor's FFP.

#### **C.3.3.2.2 Equipment Repair, Maintenance, and Calibration**

The repair, maintenance, and calibration of Government owned equipment is covered under this section of the Contract.

#### **C.3.3.2.3 Other J-3 Services**

- (a) The Contractor shall acquire services necessary for clinic operation in accordance with Section J, Attachment J-3.
- (b) The Contractor will have access to reliable and secure computing, telecommunications, and network services for the Hanford Site:
  - Software Engineering and Development – The strategic direction is for the Hanford Site to use more open-source or commercially available software, although it is understood that software development projects may arise from time to time. The Contractor shall bring software development needs to the attention of the Governance Advisory Board. More information may be found in Section J, Attachment J-3.
  - End-User Computing – End-user computing services are the services and activities required to provide and support the Site's desktop, mobile computing, and collaboration infrastructure. These products and services are managed via Section J, Attachment J-3 and include, but are not limited to, desktop computing hardware devices and associated Operating System (OS) software, laptop/notebook/tablet computing hardware devices and associated OS software, mobile computing hardware devices and associated OS software (i.e., smartphones, personal digital assistants, handhelds), business productivity software, and client computing applications that are part of the standard approved computing device image(s), locally-attached peripheral devices (exclusive of consumables), and video teleconference systems, network-attached printers, scanners, multi-functional devices (printer/scanner/fax), and copiers that are attached to the local-area network, administration for user accounts, and mobile device management. Environmental and security requirements may dictate the disposition process of assets throughout the life cycle of the contract, regardless of who owns it.
  - Hardware Acquisition, Maintenance, Redeployment, and Retirement – Acquisition, maintenance, redeployment, and retirement for government-furnished end-user computing devices and network equipment will be handled via Section J, Attachment J-3. Other hardware and equipment brought to the Contract are the responsibility of the Contractor; however, the interfaces and resources available in Section J, Attachment J-3 shall be utilized to the fullest extent possible.

- Telecommunications – Hanford Site telecommunications services are managed via Section J, Attachment J-3. These services are currently utilized by most of the Hanford Site Contractors. The Hanford Site Telephone Exchange activities encompass voice, data, special circuits, 9-1-1 support, and attendant/operator services to Hanford Site programs, projects, and support organizations. The system includes transport (backbone) systems, switching equipment, outside cable plant, inside cable plant, distribution frames, subscriber station equipment, attendant workstations, ancillary equipment, and interfaces to private and public networks. The communications services function also includes emergency and commercial radio and pager services.

### **C.3.3.3 Facility Costs**

- (a) The Contractor shall maintain and operate two clinics: The 200 West Area Health Care Center and a Main Clinic located within the Richland, WA boundaries as defined in Section F clause entitled, *Place of Performance*. The Contractor is responsible for the coordination of facility upgrades, as necessary, for contract performance. Purchases and upgrades over \$5,000 not annotated in the approved AEP must be approved in advance by the CO.
- (b) The 200 West Area location – The Contractor shall coordinate with the Contractor listed in Section J, Attachment J-3 for all services necessary for clinic operations, as appropriate, to include all required, routine, and out of cycle maintenance and optional improvements.
- (c) The Main Clinic location – The location and lease require DOE CO approval. The costs associated with the lease of the facilities and charges associated with utilities necessary for clinic operations, including electricity, water, and sewer are CR.

### **C.3.3.4 Government Vehicles**

The Contractor may request to obtain leased Government vehicles(s), typically GSA or DOE owned, to perform work scope under this Contract. Such a request shall be made on a special equipment request form obtained from the Contractor listed in Section J, Attachment J-3 and coordinated through the CO or COR. The use of Government vehicles is for the execution of Government business only. Allocation of such vehicles is controlled by the Contractor listed in Section J, Attachment J-3 for DOE and managed by vehicle use standards to ensure full fleet utilization. Cost for such lease(s) will be allocated to the Contractor. Maintenance and service of such vehicles are to be coordinated with the Contractor listed in Section J, Attachment J-3. Drivers shall adhere to state, and federal laws and DOE regulations. Accidents, including those with no property damage or injuries, are to be reported promptly in accordance with DOE and GSA guidelines.

### **C.3.3.5 Energy Employee Occupational Illness Compensation Program Act Requirements**

- (a) The Contractor shall provide support for execution of the EEOICPA in accordance with the Section H clause entitled, *Energy Employees Occupational Illness Compensation Program Act*, and other health initiatives pertaining to current and previous Hanford Site workers.
- (b) The Contractor shall provide requested claimant related medical or employment records in a timely, accurate, and electronic manner to DOE or DOE Contractors. DOE will then provide those records to the Department of Labor (DOL) to ensure that EEOICPA claimants receive complete, timely, and fair claims adjudication by DOL.

#### **C.3.3.6 Pension and Benefit Plan Contribution**

The Contractor shall fund the benefit plans as set forth in Sections H.5, H.6, and H.7. CR will only apply to the benefit plans listed in Section H.5 paragraph (C)(1).

#### **C.3.3.7 Travel Expenses**

Travel as coordinated with the COR and CO is allowed, in accordance with federal travel regulations on an as needed basis. Travel not annotated in the approved AEP, must be approved in advance by the CO.

### **C.3.4 Indefinite Delivery/Indefinite Quantity**

- (a) Work that is of a recurring nature, but that cannot be sufficiently identified or quantified in advance to be included in the FFP scope of the Contract, is identified as IDIQ work. Such work may include the following:
- The Contractor shall provide support in the event of natural disasters or catastrophic situations involving DOE or other federal agencies, as directed by the CO. Work required by Section C entitled, *Emergency and Disaster Preparedness*, is not included.
  - The Contractor shall provide special consultative services and additional occupational health services not required by the FFP scope of the Contract, and not capable of being performed within the minimum essential staffing levels, as defined in Section J Attachment entitled, *Minimum Essential Staffing Levels*.
  - The Contractor shall provide support for additional epidemiology studies, trending analysis, or health trend reports not required by the FFP scope of the Contract and not capable of being performed within the minimum essential staffing levels, as defined in Section J, Attachment entitled, *Minimum Essential Staffing Levels*.
  - The Contractor shall provide occupational health services not required by the FFP scope of the contract, including defined hours of operations, and not capable of being performed within the minimum essential staffing levels, as defined in Section J Attachment entitled, *Minimum Essential Staffing Levels*.
- (b) Performance of IDIQ work may require the positions defined in Section H clause entitled, *Qualifications of Medical Personnel – Non-Key Personnel*. Services of such personnel shall be performed by the Contractor at the rates identified in Section B entitled, *Supplies or Services and Prices/Costs*. If IDIQ work requires additional positions, the Government and the Contractor may negotiate additional positions and associated rates.
- (c) IDIQ work will be ordered by the Government under Task Orders issued pursuant to Section H clause entitled, *Ordering Procedure*.